



BROMLEY HOSPITAL

(Incorporating the Bromley, Chislehurst and District
Maternity Hospital)

Maternity Clinical Report

for

1949



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Maternity Clinical Report

OF THE

Bromley Hospital

(Incorporating the Bromley, Chislehurst and District Maternity Hospital)

for 1949

COMPILED BY

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SURVEY

This clinical report for 1949 is for the first complete year's working since the Hospital came into the National Health Service, under the South East Metropolitan Regional Hospital Board. It is the fourth report to be published in the standard form, and conforms with the recommendations of the Council of the Royal College of Obstetricians and Gynaecologists published in 1948.

THE HOSPITAL

Those who have not received previous reports may wish to know a few details of the Hospital and the patients it serves.

Bromley is a Kentish market town which has become enveloped by the dormitory suburbs of London, but which has maintained its own civic character. The patients are drawn mainly from the middle class, some in more favourable circumstances than others, but very few really poor people, and few who are not intelligent and teachable. Apart from Non-Booked patients, who this year numbered 47, most of the patients book for their confinements a full six months before the expected date so that ante-natal supervision can have a strong influence on the course of pregnancy.

The maternity department is in two units. The Widmore Unit, the former Bromley, Chislehurst and District Maternity Hospital, has twenty-two beds, and is situated about half-a-mile from the other buildings. It is here that all the ante-natal out-patient work is done. There are four single-bedded rooms, one two-bed ward, and the remaining beds are in wards of three, four and five beds.

The Masons Hill Unit of thirty-eight beds is also self-contained, and its grounds are a stone's throw from the grounds of the main Hospital. It has fourteen single rooms and the largest ward accommodates six patients.

The facilities provided for all expectant mothers include comprehensive blood investigations, instruction in dietetics, exercise classes in the Physiotherapy Department, and the systematic obstetric supervision which can be assessed in the pages of this report.

THE YEAR'S WORK

The Hospital has continued to deal largely with Booked cases, although no emergency case in which pregnancy has advanced beyond twenty-eight weeks is ever refused.

The Hospital is recognised by the Royal College of Obstetricians and Gynaecologists in obstetrics for the M.R.C.O.G. examination and for the D. Obst. R.C.O.G. During the year the Obstetric Registrar, Dr. J. L. Warren, obtained the Diploma.

Last year the Hospital was approved by the Central Midwives Board to train pupils for Part I certificate, and this year our first twenty-eight candidates completed the training and sat for the examination. Twenty-three of them passed, while five candidates from other Hospitals, who had entered this Hospital for further training, gave four more passes. In addition, one midwife completed a course of two months' post-graduate training required by the Central Midwives Board prior to practising again after a lapse of several years.

The Hospital is also approved for training and examining pupils and midwives in Gas and Air Analgesia. During the year thirty-five pupil midwives attended the courses of instruction. Five midwives attended the post-graduate course of instruction and obtained certificates of proficiency.

We are indebted to Mr. J. S. Hovell, M.B., F.R.C.S.(Edin.), F.R.C.O.G., late Obstetrician and Gynaecologist to the Sudan Medical Service, and now Consultant Obstetrician and Gynaecologist to S.W. Durham, Darlington and Northallerton, who took charge of the department for a week in June and a month in August and September. The year started with Dr. J. L. Warren as Registrar and Dr. D. B. Allbrook as Obstetric House Surgeon. In the summer Dr. Bruce Elton, M.B., B.S. (Sydney), succeeded Dr. Allbrook. Dr. Warren entered the R.A.M.C. in December, and his place as Registrar was taken by Dr. Bruce Eton, M.B., Ch.B.(Manchester), who resumed his appointment after a year's gynaecological work at another hospital.

At the close of the year we very much regretted the departure of Miss R. Hurrell, Superintendent Midwife at Masons Hill Maternity Unit, who resigned to take up an appointment in the Mission Field in Northern Rhodesia. Her place was taken by Miss Dickinson.

Mr. T. J. Hancock, the dental surgeon, continued to give a regular service of dental examinations to all the patients at the time of booking. He was able to treat those who could not readily be treated by their own dental surgeons. The result was that all the Booked patients were rendered dentally fit during pregnancy.

The new ante-natal department has attracted a number of visitors who have shown their interest in the plan of the building, and in the way the patients are seen by appointment and quickly passed through the examining rooms. Professor H. Martius, of Göttingen, and Professor Ernst Held, of Zürich, were two distinguished visitors.

THE MONTHLY CLINICO-PATHOLOGICAL MEETINGS

Throughout the year we held monthly clinico-pathological meetings of the maternity department to review the work of the previous month. The attendance has been consistently good ; the pathologist, radiologist, paediatrician, anaesthetist, clinical assistants and obstetrical staff have come regularly. The senior midwifery sisters and two or three general practitioner obstetricians have been present, and an increasing number of medical officers of the Kent County Council, who refer abnormal patients to the Hospital and supervise the domiciliary midwifery. Welcome visitors have been Registrars from the maternity departments of the other Hospitals in the Group. At the meetings the work is scrutinised in similar form to the records in this report ; but stillbirths, neonatal deaths and serious cases are reviewed in detail, and the opinions of the different specialists are freely given for the benefit of all. The value of these meetings cannot be over-estimated both as a means of improving the standard of work and to promote smooth working, not only within the Hospital but also among all professional members of the health services concerned with maternity work in the locality. Visits have been received from obstetricians who wish to start similar meetings in their own Hospitals.

THIS REPORT

The primary importance of the preventive aspect of obstetrics is stressed by classifying the patients with abnormal conditions treated in the Hospitals into " Booked " and " Non-Booked." A " Booked " case is one that attended the ante-natal clinic on more than one occasion. " Non-booked " patients had not been to the Hospital for ante-natal supervision more than once, and were either admitted seriously ill or at the last moment after little or no ante-natal care. This report differs from similar ones in that it includes a third category of cases, " Private." These women were cared for during their pregnancies and confinements by private practitioners ; but some of the " Private " cases were similar to the Hospital " Non-booked " group in that they had neglected to place themselves in their doctors' hands until late in pregnancy.

Throughout the report, patients treated in the Widmore Unit have a registered number prefixed by " W," while the Masons Hill cases are marked " M."

The report includes all the data required in the recommended form of the College, and adheres to its plan except in the following details.

The College recommends that a " Booked " case is one for which the Hospital has accepted responsibility for the ante-natal care, but our definition is stricter, as already defined.

A preliminary sub-section of the Obstetric Section has been created to deal with out-patient treatment, and in this has been included the Table 47, External Version of Breech Presentation, because it appears to be out of place amongst the tables devoted to In-patient treatment. The definition of uncomplicated breech presentation has been interpreted more strictly so as to include all cases in which there was no other risk to the life of the foetus than breech presentation. Extended legs, extended arms and prolapse of the cord are considered to be risks arising from breech presentation, and so are included. This table is important because all the cases are ones in which breech presentation could have been prevented by version.

The other variations from the College model are the inclusion of a third unclassified group of cases of ante-partum haemorrhage and the division of the " Toxaemia " table into two groups, " Albuminuria " and " Hypertension without Albuminuria." The table numbers have been kept the same, and where an additional table has been inserted, it has been given a letter in addition to the number.

THE RESULTS

Amongst the 1,169 Booked, 47 Non-booked and 136 Private cases there was one maternal death, a rate of 0.7 per 1,000. The stillbirth rate was 21 per 1,000 compared with 17 in 1948 and 28 in 1947. The infant death rate was 4 per 1,000 compared with 11 in 1948 and 13 in 1947. The combined rates per 1,000 for stillbirths and neo-natal deaths during the past four years are as follows :—

Year	Stillbirths	Infant Deaths	Combined
1946	25	15	40
1947	28	13	41
1948	17	11	28
1949	21	4	25

Because breech labour carries with it a high foetal mortality, the aim of the Hospital has been to prevent breech labour, and only allow it to occur when a favourable result can be expected. Chief reliance is placed on external version at thirty-two weeks. Anaesthesia is hardly used at all. In the few cases in which version

cannot be performed, the choice of treatment is between surgical induction of premature labour at thirty-eight weeks or Caesarean Section at term. This year one baby was lost because of breech labour (W398). It was the first baby to be lost because of breech labour in 3,991 successive booked deliveries since 1945. No mother has died.

	1946	1947	1948	1949	Total
Total number of Booked deliveries ...	831	1,000	997	1,163	3,991
Number of patients with breech presentation treated by external version ...	116	122	112	98	448
Number of anaesthetics administered ...	8	9	4	5	26
Number of uncomplicated breech deliveries	2	2	2	7	13
Number of Caesarean Sections for breech...	1	5	3	3	12
Number of babies stillborn or dying following breech labour or external version for breech	0	0	0	1	1

It has been a year of steady work with one or two grievous disappointments, from which lessons have been learnt. Dr. Warren, the Registrar, and the successive House Surgeons, Dr. Allbrook and Dr. Elton, have co-operated wholeheartedly. No praise can be too high for the skill and devotion to duty of our nursing staff. This report has been largely compiled by Dr. Bruce Eton, the present Registrar, who has used the careful records kept by the Midwifery Sisters, and abstracted by the Superintendent Sisters, Miss Hurrell and Miss Stickney. Miss Dean, the Secretary, has been tireless in carrying out her duties, and I feel personally grateful to each one of the staff.

A.G.

ABBREVIATIONS

Alb.	= Albumen
A.N.	= Ante-natal
A.N.C.	= Ante-natal Clinic
A.P.H.	= Ante-partum haemorrhage (Accidental)
A.R.M.	= Artificial rupture of membranes
B.A.	= Before admission
B.B.A.	= Born before admission
B.P.	= Blood pressure
C.S.	= Caesarean Section
C.V.	= Conjugata vera
D.	= Died
D.C.	= Diagonal conjugate
E.B.M.	= Expressed breast milk
E.C.	= External conjugate
Epis.	= Episiotomy
E.U.A.	= Examination under anaesthesia
F.	= Female
F.	= Fresh
F.D.	= Fully dilated
G.C.P.	= Generally contracted pelvis
Grav.	= Gravida
Hb.	= Haemoglobin
Hr.Min.	= Hours, minutes
I.D.I.	= Induction—delivery interval
I.M.	= Intramuscular
In.	= Inches
I.V.	= Intravenous
L.	= Living on discharge from Hospital
M.	= Macerated (Stillborn)
M.	= Male
Mat.	= Maturity
M.C.	= Mother, Child
M.D.	= Maternal death
N ₂ O	= Nitrous oxide
N.Y.	= New York Heart Assoc., 1939
O ₂	= Oxygen
P.M.	= Post-mortem examination
P.N.F.	= Promontory not felt
P.F.	= Promontory felt
P.P.	= Post-partum
P.P.H.	= Post-partum haemorrhage
Preg.	= Pregnancy
Rh.	= Rhesus
S.B.	= Stillborn (fresh)
S.F.	= Scarlet fever
T.	= Transferred
T.B.	= Tubercle bacilli
Tb.	= Tuberculosis
Trans.	= Transverse diameter of pelvic brim
W.R.	= Wasserman reaction

SECTION I. THE OBSTETRIC SECTION

STATISTICAL SUMMARY

	Booked	Non-booked	Private	Total
Patients delivered in hospital after 28th week Primiparae	522	19	45	586
Patients delivered in hospital after 28th week Multiparae	641	26	90	757
Patients admitted after delivery (B.B.A.) Primiparae	1	1	0	2
Patients admitted after delivery (B.B.A.) Multiparae	6	1	1	8
Total patients delivered after 28th week	1,170	47	136	1,353
Abortions	7	7	0	14
Patients transferred	0	4	0	4
Maternal deaths	1	0	0	1
Maternal death rate per 1,000	0.85	0	0	0.73
Infants born in hospital	1,181	48	136	1,385
Infants born before admission (B.B.A.)...	7	1	1	9
Total infants born	1,188	49	137	1,394
Infants transferred	0	3	0	3
Stillbirths	23	4	2	29
Stillbirth rate (stillbirth rate per 1,000 live and stillbirths)	19.4	82	14.6	20.8
Neonatal deaths	4	2	0	6
Neonatal death rate per 1,000 live births	3.4	44.4	0	4.4
Other infant deaths	0	0	0	0

OUT-PATIENT TREATMENT

TABLE A

X-RAY EXAMINATIONS

148 cases were referred to the X-Ray Department. Reasons for reference were :—

	Booked	Non-Booked	Private	Total
Maternal conditions (cardiac, pulmonary, renal, etc.)	33	1	0	34
For foetal parts	0	0	0	0
Breech	17	0	2	19
Presentation, attitude, etc.	39	0	2	41
Twins	19	1	0	20
Foetal death	3	0	0	3
Anencephaly	0	0	0	0
Hydrocephaly	1	1	0	2
Pelvimetry	19	0	0	19
For maturity	10	0	0	10

TABLE B

ANTE-NATAL TREATMENT OF BREECH PRESENTATION

Breech presentation was particularly looked for at the thirty-second week of pregnancy, and external version was performed as soon as possible unless there was some contra-indication. With the technique adopted this procedure was largely successful, and out of 121 cases it was only necessary to administer an anaesthetic in 5.

The prevention of foetal mortality due to breech labour has been successful, because of 1,170 Booked deliveries, uncomplicated breech labour occurred in only 7 cases, without foetal loss. One intra-uterine death occurred six weeks after version. In one case in which version failed, a stillbirth was considered to be due to breech delivery (No. W398).

Breech presentation diagnosed, excluding twins	121
Spontaneous version	11
External version finally successful without anaesthesia	97
Version under anaesthesia successful	1
Version under anaesthesia unsuccessful	4
Caesarean Section for breech presentation	3
Uncomplicated breech deliveries	7
Complicated breech deliveries	7

TABLE C

EXTERNAL VERSION BEFORE LABOUR

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity at Version	Flexed Breech, Extended breech or Transverse Lie	Position of legs confirmed by X-Ray		Anaesthetic (if used)	Presentation at Deliv.	Result M. C.		Remarks
						Yes	No					
BOOKED	1	W 4	29	1	Breech	...	No	—	Vertex	A.	A.	Flat brim.
	2	W 7	25	1	Breech	...	No	—	Vertex	A.	A.	
	3	W 8	33	1	Breech	...	No	—	Vertex	A.	A.	
	4	W 16	36	3	Breech	...	No	—	Vertex	A.	A.	
	5	W 23	20	—	Breech	...	No	—	Vertex	A.	A.	Version repeated 36 weeks
	6	W 34	23	—	Breech	...	No	—	Vertex	A.	A.	Bipolar version.
	7	W 38	22	1	Breech	...	No	—	Vertex	A.	A.	Pre-eclampsia, A.R.M.
	8	W 59	37	3	Breech	...	No	—	Vertex	A.	A.	
	9	W 67	33	1	Breech	...	No	—	Vertex	A.	A.	C.S. for disproportion
	10	W 124	20	1	Breech	...	No	—	Vertex	A.	A.	Previous S.B. anencephaly
	11	W 131	24	2	Breech	...	No	—	Vertex	A.	A.	
	12	W 134	27	1	Breech	...	No	—	Breech	A.	A.	Recurred after 36 weeks.
	13	W 142	29	—	Breech	...	No	—	Vertex	A.	A.	
	14	W 163	30	2	Breech	...	No	—	Vertex	A.	A.	Unstable presentation, labour induced.
	15	W 172	26	—	Extended	...	Yes	—	Vertex	A.	A.	Version repeated at 34 and 35 weeks.
	16	W 183	33	1	Breech	...	No	—	Vertex	A.	A.	P.P.H.
	17	W 198	34	2	Transverse lie	...	No	—	Vertex	A.	A.	Spontaneous delivery, face to pubes.
	18	W 213	25	—	Breech	...	No	—	Vertex	A.	A.	
	19	W 254	27	1	Breech	...	No	—	Vertex	A.	A.	High head at term, trial labour.
	20	W 262	22	—	Breech	...	No	—	Vertex	A.	A.	
	21	W 274	32	—	Breech	...	No	—	Vertex	A.	A.	
	22	W 291	25	1	Breech	...	No	—	Vertex	A.	A.	
	23	W 298	27	1	Breech	...	No	—	Vertex	A.	A.	
	24	W 304	31	—	Breech	...	No	—	Vertex	A.	A.	P.P.H. Child weighed 9 lb. 15 oz.
	25	W 321	27	1	Breech	...	No	—	Vertex	A.	A.	Muscle-bound outlet.
	26	W 325	42	2	Breech	...	No	—	Vertex	A.	A.	Cord encircled shoulders and right leg.
	27	W 367	28	1	Extended	...	Yes	—	Vertex	A.	A.	Justo-minor pelvis.
	28	W 377	39	1	Breech	...	No	—	Vertex	A.	A.	Pre-eclampsia.
	29	W 393	27	—	Breech	...	No	—	Vertex	A.	A.	
	30	W 396	23	—	Breech	...	No	—	Vertex	A.	A.	Version repeated 34 weeks. Previous S.B.
	31	W 398	20	—	Breech	...	No	—	Breech	A.	SB.	Pre-eclampsia.
	32	W 417	36	2	Extended	...	Yes	—	Vertex	A.	A.	P.P.H.
	33	W 443	20	—	Extended	...	Yes	—	Breech	A.	A.	Labour induced.
	34	W 450	22	—	Transverse lie	...	Yes	—	Vertex	A.	A.	
	35	W 451	23	—	Extended	...	Yes	—	Vertex	A.	A.	Version repeated 36 weeks.
	36	W 469	19	—	Extended	...	Yes	—	Breech	A.	S.B.	Infant Wilms tumour.
	37	W 470	24	1	Breech	...	No	—	Vertex	A.	A.	
	38	W 482	29	2	Breech	...	No	—	Vertex	A.	A.	A.P.H. 2 weeks after version.
	39	W 496	30	—	Breech	...	No	—	Vertex	A.	A.	Prolonged labour.
	40	W 498	22	—	Flexed	...	Yes	—	Vertex	A.	A.	Hydramnios.
	41	W 501	41	2	Transverse lie	...	Yes	—	Vertex	A.	A.	Infant weighed 5 lb.

EXTERNAL VERSION BEFORE LABOUR—continued

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity at Version	Flexed Breech, Extended or Transverse Lie	Position of legs confirmed by X-Ray Yes/No	Anaesthetic (if used)	Presentation at Deliv.	Result M. C.	Remarks
BOOKED										
42	W536	30	—	32	40	One leg extended	Yes	Vertex	A.	Labour induced.
43	W538	27	—	32	40	Breech	No	Vertex	A.	
44	W539	32	1	36	40	Breech	No	Vertex	A.	Labour induced.
45	W546	31	—	36	42	Breech	No	Vertex	A.	
46	M 74	39	2	32	43	Breech	No	Vertex	A.	Repeat Caesarean Section.
47	M 99	21	—	32	42	Breech	No	Vertex	A.	Cord around neck.
48	M118	21	—	32	41	Breech	No	Vertex	A.	
49	M157	27	—	32	42	Breech	No	Vertex	A.	P.P.H.
50	M167	24	—	39	42	Breech	No	Vertex	A.	
51	M184	25	—	32	38	Breech	No	Vertex	A.	Infant weighed 9 lb. 5 oz.
52	M190	37	—	33	41	Flexed	Yes	Vertex	A.	Cord around neck.
53	M216	41	—	32	41	Breech	No	Vertex	A.	Caesarean Section for pre-eclampsia.
54	M252	34	—	36	41	Breech	No	Vertex	A.	Cord prolapsed ; low forceps, face to pubes.
55	M255	29	—	36	40	Breech	No	Vertex	A.	Previous forceps delivery.
56	M270	29	1	32	40	Breech	No	Vertex	A.	
57	M271	42	—	30	40	Breech	No	Vertex	A.	Version repeated at 37 weeks.
58	M272	32	2	37	40	Transverse	Yes	Transverse	A.	Caesarean Section, previous S.B.
59	M283	37	—	33	40	Breech	No	Vertex	A.	Infant weighed 9 lb. 11 oz.
60	M286	24	—	33	40	Breech	No	Vertex	A.	
61	M288	37	1	32	40	Both legs partially flexed	Yes	Vertex	A.	Version repeated at 36 weeks.
62	M292	26	—	35	40	Transverse lie	No	Vertex	A.	Hypertension.
63	M303	39	—	32	39	Transverse lie	Yes	Vertex	A.	Intra-uterine death at 38 weeks.
64	M319	29	—	32	38	Breech	No	Breech	A.	Bicornuate uterus, Caesarean Section.
65	M335	38	—	34	40	Breech	No	Vertex	A.	Born face to pubes.
66	M360	33	—	36	40	Flexed	Yes	Vertex	A.	Contracted pelvis, Caesarean Section.
67	M364	36	1	42	44	Extended	Yes	Breech	A.	Breech recurred before labour, P.P.H.
68	M371	28	—	32	42	Breech	No	Vertex	A.	Overdue, labour induced.
69	M380	32	—	33	40	Breech	No	Vertex	A.	
70	M391	33	—	33	39	Extended	Yes	Breech	A.	Version failed, contracted pelvis, Caesarean Section.
71	M393	32	—	32	41	Transverse	No	Vertex	A.	P.P.H.
72	M435	27	—	34	42	Flexed	Yes	Vertex	A.	Trial labour.
73	M450	27	—	32	42	Breech	No	Vertex	A.	
74	M452	23	—	34	41	Breech	No	Vertex	A.	
75	M461	23	—	38	40	Breech	No	Vertex	A.	High head, trial labour.
76	M467	34	—	36	37	Flexed	Yes	Breech	A.	Bilateral hare lip and cleft palate.
77	M468	35	—	34	40	Extended	Yes	Breech	A.	Caesarean Section, previous forceps delivery of 5½ lb. baby.
78	M469	43	—	32	39	Breech	No	Vertex	A.	
79	M517	23	—	34	41	Breech	No	Vertex	A.	
80	M519	31	—	32	41	Breech	No	Vertex	A.	Marginal placenta praevia.
81	M521	29	—	32	41	Breech	No	Vertex	A.	Version repeated at 37 weeks.
82	M529	24	—	32	42	Breech	No	Vertex	A.	P.P.H.
83	M533	26	—	32	41	Breech	No	Vertex	A.	Prolonged labour, Caesarean Section.

EXTERNAL VERSION BEFORE LABOUR—continued

Unless an X-ray film was taken, it proved to be difficult to decide whether the legs were flexed or extended.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity at Version	Flexed Breech, Extended or Transverse Lie	Position of legs confirmed by X-Ray Yes/No	Anaesthetic (if used)	Presentation at Deliv.	Result	Remarks
84	M535	32	—	33	Extended	...	Yes	Vertex	A.	Prolonged labour, forceps delivery.
85	M542	27	—	32	Breech	...	No	Vertex	A.	Born face to pubes.
86	M562	29	—	37	Extended	...	Yes	Breech	A.	Breech recurred, acute hydramnios, A.R.M.
87	M584	21	—	32	Flexed	...	Yes	Vertex	A.	
88	M586	29	—	32	Breech	...	No	Vertex	A.	
89	M602	28	—	32	Breech	...	No	Vertex	A.	Version repeated at 33 and 40 weeks.
90	M605	35	—	32	Breech	...	No	Vertex	A.	Cord round neck
91	M608	31	—	32	Breech	...	No	Vertex	A.	
92	M613	22	—	34	Breech	...	No	Vertex	A.	A.R.M., foetal distress, Caesarean Section.
93	M614	25	—	34	Breech	...	No	Vertex	A.	Version repeated at 35 weeks.
94	M650	33	1	35	Extended	...	Yes	Vertex	A.	Version repeated at 37 weeks.
95	M689	41	—	34	Breech	...	No	Vertex	A.	P.P.H.
96	M691	37	—	36	Flexed	...	Yes	Vertex	A.	Flat brim, labour induced.
97	M695	33	—	31	Extended	...	Yes	Vertex	A.	Pre-eclampsia, labour induced.
98	M698	27	—	36	Breech	...	No	Vertex	A.	Recurred repeatedly, membranes ruptured artificially.
99	M705	32	—	32	Transverse	...	No	Vertex	A.	
100	M709	24	—	34	Breech	...	No	Vertex	A.	
101	M718	25	—	36	Breech	...	No	Vertex	A.	
102	M734	30	1	33	Breech	...	No	Vertex	A.	Prolonged labour, forceps delivery.
103	M736	27	2	32	Breech	...	No	Vertex	A.	High head at term.
104	M746	25	—	35	Breech	...	No	Breech	A. D.	Version failed. Congenital absence of kidneys.
105	M748	27	—	37	Breech	...	No	Vertex	A.	P.P.H. Manual removal of placenta.
106	M778	37	1	32	Breech	...	No	Vertex	A.	Pre-eclampsia.
107	M784	30	1	32	Breech	...	No	Vertex	A.	Pre-eclampsia.
108	M786	24	—	37	Breech	...	No	Vertex	A.	Unstable presentation, membranes ruptured.
109	M795	40	2	32	Breech	...	No	Vertex	A.	Hydramnios.
110	M825	24	—	33	Extended	...	Yes	Vertex	A.	

IN-PATIENT TREATMENT

A numerical summary of cases admitted for treatment, delivered in hospital or admitted after delivery. Some cases appear in more than one category in the summary.

	Booked	Non-Booked	Private	Total
1. Conditions chiefly ante-natal—				
Hypertension only	10	4	3	17
Albuminuria	73	3	7	83
Eclampsia	1	0	0	1
Persistent vomiting of pregnancy...	13	1	0	14
Acute pyelitis	8	0	0	8
Malnutrition, debility, simple anaemia, etc.	8	1	0	9
2. Intercurrent disease—				
Chronic rheumatic carditis ...	5	0	1	6
3. Conditions chiefly natal—				
Anterior positions of the vertex ...	1,037	60	106	1,203
Posterior positions of the vertex ...	59	9	7	75
Breech	23	0	4	27
Shoulder (not delivered as such) ...	0	0	0	0
Face and brow	2	1	1	4
Caesarean Section	29	6	3	38
Twins and triplets	18	3	1	22
Accidental haemorrhage	3	3	1	7
Placenta praevia	2	1	0	3
Other ante-partum haemorrhage...	18	1	1	20
Hydramnios	14	1	0	15
Prolapse of cord	7	1	1	9
Primary uterine inertia	32	8	4	44
Retained placenta	18	1	2	21
Post-partum haemorrhage ...	96	8	12	116
B.B.A.	8	3	1	12
Lacerated perineum and episiotomy	577	35	87	699
Abortion	5	8	0	13
Ectopic gestation	0	0	0	0
4. Post-partum complications—				
Notified puerperal pyrexia ...	28	2	2	32
Mastitis, not suppurative ...	24	4	2	30
Mastitis, suppurative (aspirated)...	0	0	0	0
Delayed involution of the uterus ...	15	3	2	20
Post-partum urinary infection ...	8	1	0	9
Post-partum superficial phlebitis...	2	0	0	2
Post-partum deep venous throm- bosis	1	0	0	1

TABLE I
 ASSOCIATED DISEASES AND CONDITIONS NOT DETAILED ELSEWHERE
 and admitted for treatment

24 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. 28 wks.	Maturity on admission	Disease or Condition	Treatment	No. of Days	Result M. C.	Remarks
BOOKED									
1	W 47	34	—	13	Degenerating fibroid ...	Rest, sedatives	8	A. A.	
2	W 98	27	—	36	Postural lumbar pain	Investigation, rest	7	A. A.	
3	W166	33	—	32	Anaemia ...	Blood transfusion	4	A. A.	
4	W454	32	—	34	Pyelitis recurrent ...	Sulphamezathine	9	A. A.	Double ureter.
5	W550	37	—	24	Reactive depression ...	Psychiatric ...	5	A. A.	Insomnia.
6	W794	26	—	25	Petit mal ...	Investigated ...	6	A. A.	
7	M 17	23	—	39	General debility ...	Rest ...	6	A. A.	Twin pregnancy.
8	M 55	19	—	35	Pyelitis ...	Sulphamezathine	7	A. A.	
9	M130	22	—	{ 26 37 }	Pyelitis ...	Sulphamezathine	12 } 11 }	A. A.	Admitted twice.
10	M161	22	—	39	Pyelitis ...	Sulphamezathine	8	A. A.	
11	M291	26	—	26	Debility, leucorrhoea ...	Rest, observation	5	A. A.	
12	M460	19	—	19	Gingivitis, pyrexia ...	Chromic acid ...	6	A. A.	Isolated.
13	M469	43	—	35	Severe acroparaesthesiae	Rest ...	13	A. A.	
14	M543	25	—	32	General debility ...	Rest ...	7	A. A.	Twin pregnancy.
15	M554	25	—	28	Faints ...	Rest ...	8	A. A.	S.B.
16	M568	22	—	19	Pyelitis ...	Rest ...	4	A. A.	
17	M686	29	—	40	Pyelitis ...	Rest ...	4	A. A.	
18	M702	37	3	37	General debility ...	Rest ...	12	A. A.	Twin pregnancy.
19	M783	37	—	35	Pyelitis ...	Rest ...	10	A. A.	
20	M792	21	—	35	Pyelitis ...	Rest ...	3	A. A.	
21	M794	26	—	26	Epilepsy ...	Barbiturates ...	5	A. A.	
NON-BOOKED									
22	W111	20	—	38	Epilepsy ...	Investigation	6	A. A.	Not re-admitted for delivery.
23	M364	36	1	31	Hypothyroidism, anaemia	Blood transfusion	11	A. A.	Partial thyroidectomy at age of 16 and 21 years.
PRIVATE									
24	M284	34	—	28	Cervical polypus ...	Avulsed ...	3	A. A.	

TABLE 2

ABORTION

13 Cases.

Expulsion of products of conception before completion of the 28th week of pregnancy and treated in the gynaecological ward of the hospital. In addition 113 patients who booked for delivery during the year are known to have aborted although not admitted to this hospital.

Case No.	Reg. No.	Age	Previous Pregnancies		Indication and method	If spontaneous:			Remarks
			Before 28 wks.	After 28 wks.		cause (if known)	and treatment	Morbidity	
1	6900	35	—	1	—	Completed surgically	...	A.	—
2	7067	36	—	2	—	Completed surgically	...	A.	—
3	7528	29	—	1	Abdominal hysterotomy	—	...	A.	Chronic nephritis, sterilization.
4	7604	21	—	—	Phthisis, irritant paste	—	...	A.	Nephrectomy, 1948.
5	7661	25	2	1	—	Completed surgically	...	A.	—
6	8095	34	—	—	—	Completed surgically	...	A.	—
7	8387	30	—	1	—	Completed surgically	...	A.	—
8	9397	33	—	3	Laminaria tent	—	...	A.	Disseminated sclerosis.
9	9848	32	—	2	—	Completed surgically	...	A.	Blood transfusion.
10	10062	39	—	—	—	Sedatives	...	A.	Blood transfusion.
11	10289	20	—	—	—	Completed surgically	...	A.	Blood transfusion.
12	10709	20	—	—	—	Completed surgically	...	A.	Blood transfusion.
13	W524	30	1	2	Chronic nephritis, A.R.M.	—	...	A.	—

TABLE 3
HYPEREMESIS ADMITTED FOR TREATMENT

14 Cases.

The treatment consisted of kindly but firm discipline with the patient at first confined to bed, with all receivers removed. The patients were given a large fluid intake, a daily aperient and a full diet containing all the necessary ingredients, and encouraged to masticate thoroughly. As long as the vomiting persisted the patients were given rectal infusions, and if there was any vomiting after 24 hours' treatment, glucose and insulin were given by intravenous drip.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on Admission	Treatment	No. of Days in Hospital	Result		Remarks
			Before 28 wks.	After 28 wks.				M.	C.	
BOOKED										
1	W 67	33	—	1	23	Rest, diet, discipline ...	...	5	A.	Disproportion. Caesarean Section.
2	W 91	33	—	1	9	Rest, diet, discipline ...	...	7	A.	Retroversion. P.O.P.
3	W 94	23	—	—	20	Rest, diet, discipline ...	...	11	A.	Forceps, P.O.P., P.P.H.
4	W267	28	—	—	9	Rest, diet, discipline ...	...	5	A.	Inertia, Caesarean Section.
5	W363	28	1	1	37	Rest, diet, discipline ...	...	5	A.	
6	W376	37	1	2	30	Rest, diet, discipline ...	...	5	A.	Previous hyperemesis.
7	W531	26	1	1	24	Rest, diet, discipline ...	...	34	A.	Degenerating fibroid, subinvolution.
8	M 37	29	—	—	34	Rest, diet, discipline ...	...	9	A.	
9	M182	40	—	2	34	Rest, diet, discipline ...	...	4	A.	
10	M224	28	—	—	36	Rest, diet, discipline ...	...	8	A.	Trial labour, normal delivery.
11	M269	28	—	—	27	Rest, diet, discipline ...	...	9	A.	Inertia, Caesarean Section.
12	M520	30	—	—	28	Rest, diet, discipline ...	...	16	A.	P.P.H.
13	M539	23	—	—	35	Rest, diet, discipline ...	...	7	A.	Forceps delivery.
NON-BOOKED										
14	W 97	27	—	1	7	Rest, diet, transferred	...	4	T.	Pregnancy terminated elsewhere.

TABLE 4

CARDIAC DISEASE

ADMITTED TO HOSPITAL BEFORE LABOUR

6 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Lesion	Degree of failure of compensation on admis. deliv.	Method of Delivery	Result M. C.	If Sterilized	Remarks
BOOKED									
1	M138	30	—	Mitral stenosis	1	Normal	A. A.	No	Rheumatic carditis.
2	M481	40	—	Aortic incompetence	1	Normal	A. A.	No	Rheumatic carditis.
3	M528	21	—	Aortic incompetence	2	Normal	A. A.	No	Rheumatic carditis.
4	M571	20	—	Aortic incompetence	1	Normal	A. A.	No	No rheumatic history.
5	M699	36	2	Mitral stenosis	1	Normal	A. A.	No	Rheumatic carditis.
PRIVATE									
6	W547	37	—	Congenital	1	Breech, assisted	A. A.	No	Pyelitis of pregnancy.

ALBUMINURIA AND HYPERTENSION

Every patient attending the Ante-Natal Clinic has the urine tested and the blood pressure recorded at each visit. Normal patients attend every four weeks until the 28th week of pregnancy, then fortnightly until 36 weeks, after which they make weekly visits until delivery. All cases of albuminuria are admitted to hospital. The routine treatment adopted in hospital was rest, and a mixed diet containing as much fresh natural foods as possible, excluding red meat. Copious fluids and alkalies were given, and aperients, if necessary. If the signs did not lessen in about seven days, or if they became worse, labour was induced.

ALBUMINURIA AND HYPERTENSION

											Booked	Non- Booked	Private	Total
Number of cases	...	...	...	...	...	...	...	...	...	...	73	3	7	83
Number of stillbirths and infant deaths				...	...	...	...	...	...	...	8	0	2	10
Foetal and infant mortality	...	...	...	...	...	...	...	...	...	...	10.9%	0	28.5%	12%
Number of maternal deaths	...	...	...	...	...	...	...	...	...	...	0	0	0	0

Number of cases—

Responded to treatment and delivered spontaneously near term (after 38 weeks)	...										31	1	1	33
Spontaneous premature labour or abortion	...	...	...	...	...	...	...	...	...	...	1	0	1	2
Not responding to treatment, labour induced	...	...	...	...	...	...	...	...	...	...	32	2	4	38
Not responding to treatment, hysterectomy or hysterotomy performed								...	...	...	0	0	0	0
Not responding to treatment, abortion per vaginam induced...								...	...	...	1	0	0	1
Not responding to treatment, Caesarean Section performed	...	...	...	...	...	...	...	...	...	...	8	0	1	9

HYPERTENSION WITHOUT ALBUMINURIA

Number of cases	...	...	...	...	...	...	...	...	...	...	10	4	3	17
Number of stillbirths and infant deaths				...	...	...	...	...	...	...	0	0	0	0
Foetal and infant mortality	...	...	...	...	...	...	...	...	...	...	0	0	0	0
Number of maternal deaths	...	...	...	...	...	...	...	...	...	...	0	0	0	0

Number of cases—

Responding to treatment and delivered spontaneously at term	...	...	...	...	...	...	...	...	...	...	4	0	0	4
Spontaneous premature labour or abortion	...	...	...	...	...	...	...	...	...	...	0	0	1	1
Not responding to treatment, labour induced	...	...	...	...	...	...	...	...	...	...	6	4	2	12
Not responding to treatment, hysterectomy or hysterotomy performed								...	...	...	0	0	0	0
Not responding to treatment, abortion per vaginam induced...								...	...	...	0	0	0	0
Not responding to treatment, Caesarean Section performed	...	...	...	...	...	...	...	...	...	...	0	0	0	0

TABLE 5

PRE-ECLAMPSIA, ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on admis.	Albuminuria		Oedema	Highest Blood Pressure	No. of days in Hospital before Labour	If Labour Induced	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Post-natal Exam.		Remarks
			Before 28 wks.	After 28 wks.		Maxi-mum	on discharge								B.P.	Delivery Alb.	
BOOKED																	
1	W 19	35	—	1	36	37	0.5	None	168/118	8	A.R.M.	Normal	A. A.	5 10	126/82	None	Post-partum mastitis.
2	W 38	22	—	1	40	41	Trace	None	130/90	6	A.R.M.	Normal	A. A.	8 14	108/66	None	
3	W 51	23	—	1	40	42	Trace	None	154/110	15	—	Normal	A. A.	6 11	140/100	None	
4	W 54	27	—	—	40	40	0.75	None	140/108	4	A.R.M.	Normal	A. A.	6 13	128/80	None	Previous termination for nephritis, Q.C.H.
5	W 95	33	1	1	40	40	Trace	None	160/108	1	A.R.M.	Normal	A. A.	6 12	112/82	None	
6	W101	27	2	1	35	36	0.75	None	170/118	7	A.R.M.	Normal	A. A.	5 13	120/72	None	Previous pre-eclampsia, A.R.M., S.B.
7	W103	22	1	—	38	38	Cloud	None	152/100	1	—	Normal	A. A.	5 4	130/72	None	Hydramnios. Circumvallate placenta.
8	W129	20	—	—	38	39	0.5	None	130/96	10	A.R.M.	Normal	A. A.	7 6	124/62	None	
9	W132	29	—	—	38	39	Trace	None	160/110	4	—	Normal	A. A.	8 3	120/70	None	
10	W143	35	—	—	37	39	0.5	Trace	170/110	10	A.R.M.	Forceps	A. S.B.	7 1	114/70	None	Inertia.
11	W175	38	1	—	40	40	Cloud	Nil	150/108	2	—	Forceps	A. S.B.	9 10	140/88	None	Prolapse of cord.
12	W191	28	—	1	34	38	0.5	Nil	160/130	28	A.R.M.	Normal	A. A.	3 15	116/74	None	Previous pregnancy normal.
13	W202	31	—	—	39	39	Cloud	Nil	168/106	3	—	Normal	A. A.	7 3	104/68	None	Uterine inertia, Twins, signs of inertia.
14	W243	25	—	—	40	41	Trace	Nil	148/114	7	A.R.M.	Forceps	A. S.B.	8 12	110/70	None	
15	W246	23	—	—	36	37	Cloud	Nil	148/100	7	—	Caes. Sect.	A. A.	5 12	116/78	None	
16	W299	27	—	—	38	38	Trace	Nil	140/104	5	A.R.M.	Normal	A. A.	6 2	118/78	None	Previous pregnancy normal.
17	W377	39	—	1	40	41	Cloud	Nil	166/118	3	—	Normal	A. A.	5 8	114/76	None	
18	W379	19	—	—	36	37	Cloud	Nil	156/124	8	A.R.M.	Normal	A. A.	6 12	124/74	None	
19	W390	42	—	3	32	36	Trace	Nil	190/150	28	—	Caes. Sect.	A. A.	4 10	144/104	None	Three previous pregnancies normal.
20	W392	34	1	—	39	41	Cloud	Nil	140/116	14	A.R.M.	Caes. Sect.	A. S.B.	11 0	110/70	None	Foetal distress in first stage of labour.
21	W398	20	—	—	39	41	Cloud	Nil	160/110	18	—	Assist. breech	A. S.B.	6 0	128/68	None	C.S. for foetal distress.
22	W408	26	—	—	39	39	Cloud	Nil	178/110	1	—	Normal	A. A.	8 7	120/78	None	
23	W415	37	—	—	39	39	Cloud	Nil	178/130	3	A.R.M.	Caes. Sect.	A. A.	6 6	112/76	None	
24	W427	23	1	—	32	36	0.5	Nil	170/126	30	A.R.M.	Normal	A. A.	4 10	128/90	None	Recurrent pyelitis, double ureter.
25	W454	32	1	1	37	38	Trace	Nil	126/90	9	A.R.M.	Normal	A. A.	6 0	126/84	None	
26	W460	31	—	—	36	38	Cloud	Nil	150/120	10	—	Normal	A. A.	6 4	150/92	None	
27	W475	37	—	—	36	37	0.25	Nil	150/120	6	—	Normal	A. S.B.	3 8	108/80	None	Rheumatic carditis. Long-standing hydronephrosis.
28	W476	34	—	—	39	41	0.75	Nil	132/100	13	A.R.M.	Normal	A. A.	7 9	98/60	None	Hypertension with first pregnancy.
29	W505	33	—	2	38	40	Cloud	Nil	180/152	14	A.R.M.	Normal	A. A.	7 11	148/104	None	
30	W507	34	—	—	38	39	Trace	Nil	116/90	4	—	Normal	A. S.B.	8 9	124/74	None	Long labour. Toxæmia with second pregnancy.
31	W524	30	1	2	22	25	Trace	Nil	172/138	17	A.R.M.	Breech	A. Ab.	2 1	130/90	None	

PRE-ECLAMPSIA, ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA—continued

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on admis.	Albuminuria on discharge	Oedema	Highest Blood Pressure before Labour	No. of days in Hospital If Labour Induced or discharge state method	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Post-natal Exam.	Remarks				
			Before 28 wks.	After 28 wks.														
32	W549	24	—	—	39	40	0.75	Nil	Moderate	158/108	5	A.R.M.	Normal	A. A.	7 2	126/76	None	Congenital heart disease of infant.
33	M 24	33	—	—	41	42	Trace	None	Slight	150/100	9	—	Normal	A. A.	7 9	126/78	None	B.P. 180/84 at 15 wks.
34	M 51	28	1	—	39	40	Cloud	None	Moderate	162/114	11	—	Forceps	A. A.	9 10	120/72	None	Disproportion.
35	M 59	26	—	—	40	40	Cloud	None	Moderate	154/90	1	—	Normal	A. A.	8 6	108/70	None	
36	M 66	26	—	—	40	40	0.75	None	None	190/120	2	A.R.M.	Normal	A. A.	6 0	138/104	None	No toxæmia with previous pregnancies.
37	M127	22	—	2	38	39	0.25	None	None	160/112	6	—	Breech	A. A.	7 1	Did not attend		
38	M130	22	—	—	37	39	Trace	Cloud	None	156/110	10	A.R.M.	Normal	A. A.	6 12	114/74	None	Pyelitis and anaemia.
39	M186	26	—	—	39	40	Trace	None	Slight	142/112	5	A.R.M.	Normal	A. A.	7 6	130/76	None	
40	M205	28	—	—	39	39	2	Trace	None	160/120	4	A.R.M.	Normal	A. A.	5 3	120/84	None	
41	M210	31	—	2	36	40	Trace	None	None	154/114	9	—	Normal	A. A.	7 2½	Did not attend		No toxæmia with previous pregnancies.
42	M216	30	—	—	40	41	0.5	None	Slight	164/114	6	—	Caes. Sect.	A. A.	5 14	Did not attend		
43	M227	36	—	2	33	37	Trace	None	None	206/140	36	A.R.M.	Normal	A. A.	6 9	158/110	None	Recurrent toxæmia.
44	M231	35	1	2	41	42	Trace	None	None	170/130	4	A.R.M.	Normal	A. A.	7 15	170/106	None	B.P. 150/100 at 10 wks. P.P.
45	M240	32	—	1	36	37	Trace	None	None	150/112	7	A.R.M.	Normal	A. A.	6 15	120/80	None	Recurrent toxæmia.
46	M324	22	—	—	36	39	Trace	None	None	172/118	18	A.R.M.	Normal	A. A.	5 12	110/70	None	
47	M340	32	—	—	40	41	Trace	None	None	180/110	7	A.R.M.	Normal	A. A.	8 7	142/80	None	
48	M366	20	—	—	34	35	Cloud	None	None	140/108	14	A.R.M.	Normal	A. A.	3 14	110/60	Trace	
49	M370	21	—	—	40	40	0.75	None	Slight	150/100	3	—	Normal	A. A.	7 3	128/70	None	No toxæmia with previous pregnancy.
50	M383	28	—	1	40	40	Trace	None	None	140/110	4	—	Normal	A. A.	6 11	120/64	None	
51	M414	32	1	—	34, 38	39	Cloud	None	None	170/120	30+3	—	Normal	A. A.	5 13	150/68	None	Recurrent toxæmia.
52	M445	38	—	1	37, 39	40	Trace	None	None	150/110	7+6	A.R.M.	Normal	A. A.	9 5	120/80	None	
53	M480	30	—	3	40	40	Trace	None	None	140/90	2	—	Normal	A. A.	6 4	Did not attend		Albumen absent after 6 months.
54	M487	26	1	—	37	37	.25	None	Slight	150/110	2	A.R.M.	Normal	A. A.	7 10	120/78	Trace	
55	M503	26	1	—	41	41	Cloud	None	Moderate	160/118	2	—	Caes. Sect.	A. A.	8 6	160/90	None	High presenting part, inertia syndrome.
56	M563	22	—	—	40	40	Cloud	Trace	None	140/108	1	—	Normal	A. A.	6 12	128/70	Cloud	Albumen absent 10 weeks after delivery.
57	M585	28	—	—	39	40	Cloud	None	Moderate	190/110	4	—	{ Forceps Forceps	A. A.	6 12 6 15	118/72	None	
58	M596	25	—	—	36	37	Cloud	None	Moderate	200/120	6	—	Caes. Sect.	A. A.	6 10	110/70	None	
59	M616	26	—	—	38	40	Cloud	None	Slight	160/100	5	—	Normal	A. A.	7 7	112/78	None	
60	M656	28	—	—	36, 38	38	Cloud	None	None	176/122	7+2	—	Normal	A. A.	6 9	Did not attend		
61	M685	24	—	—	40	40	Cloud	None	None	150/100	6	—	Normal	A. A.	7 3	130/80	None	
62	M698	27	—	—	36	40	Trace	Trace	Moderate	160/125	25	A.R.M.	Normal	A. A.	5 13	146/94	None	
63	M706	26	—	—	39	41	Cloud	None	None	144/100	15	—	Normal	A. A.	9 11	150/100	None	B.P. 140/90, 5 months post-partum.
64	M715	29	—	1	38	39	Cloud	None	Slight	140/96	6	A.R.M.	Normal	A. A.	8 8	120/76	None	No toxæmia with previous pregnancy.
65	M735	34	1	—	37, 40	40	Cloud	None	Moderate	140/88	8+1	—	Caes. Sect.	A. A.	9 11	102/66	None	High presenting part, inertia syndrome.

PRE-ECLAMPSIA, ESSENTIAL HYPERTENSION AND CHRONIC NEPHRITIS WITH ALBUMINURIA---continued

PATIENTS WHO NEVER HAD ALBUMINURIA ARE SHOWN IN A SEPARATE TABLE 5A

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Maturity on admis.	Albuminuria Maxi- mum	Oedema	No. of days in		Method of Delivery	Result M. C.	Weight of Child lb. oz.	Post-natal Exam.		Remarks	
							Highest Blood Pressure	If Labour Induced				B.P.	6 wks. after Delivery Alb.		
66	M759	28	—	38	Cloud	None	134/100	4	Normal	A. M.	4 3	110/80	None	Intra-uterine death. B.P. 110/70, 6 months post-partum.	
67	M784	30	1	40	Cloud	Moderate	170/110	2	Normal	A. A.	6 11	146/96	None		
68	M786	24	—	44	Cloud	None	148/90	1	Normal	A. A.	7 11	112/76	None	Recurrent toxæmia. Notifiable pyrexia.	
69	M797	18	—	42	Cloud	None	170/120	1	Normal	A. A.	7 9	100/68	None		
70	M801	28	—	40	Cloud	Moderate	150/110	2	A.R.M.	A. A.	8 4	114/76	None		
71	M817	22	—	40	Cloud	None	140/100	2	Normal	A. A.	7 0	Did not attend	None		
72	M823	28	—	34	Cloud	None	186/120	29	A.R.M.	A. A.	7 10	164/98	None	Haemoglobin 60 per cent. B.P. and urine normal on discharge.	
73	M829	44	—	37	Trace	None	190/100	12	Normal	A. A.	4 7	136/90	None		Nephritis at 12 years of age.
NON-BOOKED															
74	W 49	35	—	37	Trace	None	140/104	10	A.R.M.	A. A.	8 8	104/76	None	Inertia. Accidental A.P.H. Congenital heart disease and pyelitis treated elsewhere. B.P. 130/90 on discharge. B.P. 124/88 on discharge. Accidental A.P.H. B.P. 140/98 on discharge.	
75	M260	32	—	37	0.5	None	158/100	19	A.R.M.	A. A.	8 13	Did not attend	None		
76	M404	28	—	34	Trace	None	105/60	15	—	A. A.	7 11	120/70	None		
PRIVATE															
77	W332	43	—	37	Cloud	None	170/110	3	A.R.M.	A. A.	5 4	132/86	None	Inertia. Accidental A.P.H. Congenital heart disease and pyelitis treated elsewhere. B.P. 130/90 on discharge. B.P. 124/88 on discharge. Accidental A.P.H. B.P. 140/98 on discharge.	
78	W434	24	—	36	Trace	None	136/100	1	Normal	A. S.B.	3 9½	Did not attend	None		
79	W547	37	—	42	Cloud	None	124/94	1	Breech	A. A.	6 2	124/74	None		
80	M123	26	—	41	Trace	None	170/110	4	Ol. Ricini	A. A.	10 7	Did not attend	None	Inertia. Accidental A.P.H. Congenital heart disease and pyelitis treated elsewhere. B.P. 130/90 on discharge. B.P. 124/88 on discharge. Accidental A.P.H. B.P. 140/98 on discharge.	
81	M253	34	—	32	8	0.5	190/120	3	A.R.M.	A. A.	3 6	Did not attend	None		
82	M478	21	—	37	Solid	Trace	152/110	1	A.R.M.	A. S.B.	5 13	Did not attend	None		
83	M545	33	—	40	Cloud	None	170/110	1	A.R.M.	A. A.	7 15	Did not attend	None		

TABLE 5A
HYPERTENSION WITHOUT ALBUMINURIA

17 Cases

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on admis. deliv.	History of previous Renal Disease	Oedema	No. of days in Hospital		If labour Induced	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Post-natal Exam. 6 weeks after Delivery		Remarks	
			Before 28 wks.	After 28 wks.				Pressure	or Discharge					B.P.	Alb.		
BOOKED																	
1	W146	30	—	1	40	40	Hypertension with pregnancy	None	160/100	1	—	Normal	A. A.	6 5	150/88	None	
2	W227	24	—	—	37	38	—	None	138/98	11	A.R.M.	Normal	A. A.	6 10	90/58	None	
3	W239	35	1	1	39	40	—	None	156/98	3	Ol. Ricini	Normal	A. A.	6 5	130/86	None	B.P. 140/100 at 9th week of pregnancy.
4	W347	25	—	1	35	37	—	None	190/132	14	A.R.M.	Normal	A. A.	5 8	146/100	None	B.P. 190/120 6 months post-partum.
5	W409	25	—	—	39	39	—	None	170/110	1	—	Normal	A. A.	7 8	104/68	None	
6	M277	20	—	—	28	34	Nephritis ...	None	200/150	45	A.R.M.	Normal	A. A.	3 13	140/92	None	
7	M292	26	—	—	40	40	—	None	140/100	1	Ol. Ricini	Normal	A. A.	8 1	120/80	None	
8	M694	38	—	2	38	40	Pre-eclampsia ...	Moderate	172/110	16	—	Normal	A. A.	7 6	Did not attend	None	No hypertension with previous pregnancies.
9	M731	42	1	2	39	40	—	None	170/120	3	A.R.M.	Normal	A. A.	9 14	160/112	None	No hypertension with previous pregnancies.
10	M824	26	1	5	39	40	—	None	156/108	6	—	Normal	A. A.	6 9	150/76	None	No hypertension with previous pregnancies.

NON-BOOKED

11	M248	29	—	—	39	39	—	Slight	130/96	1	A.R.M.	Normal	A. A.	6 13	Did not attend		B.P. 120/76 on discharge.
12	M294	22	—	—	40	40	—	Slight	150/110	1	A.R.M.	Normal	A. A.	8 1	Did not attend		B.P. 134/92 on discharge.
13	M439	29	—	1	39	39	—	None	150/100	1	A.R.M.	Normal	A. A.	8 0	Did not attend		
14	M727	24	—	—	38	38	—	None	156/112	1	A.R.M.	Normal	A. A.	6 13	Did not attend		

PRIVATE

15	W140	25	—	—	42	42	—	None	140/108	3	A.R.M.	Normal	A. A.	6 10	128/80	None	
16	W354	34	1	—	40	40	Nephritis ...	None	140/90	2	A.R.M.	Forceps	A. A.	8 6	136/86	None	
17	W453	32	—	—	35	35	—	None	130/112	1	—	Normal	A. A.	5 0	Did not attend		

TABLE 6

ECLAMPSIA

1 Case

The treatment employed was the administration of sedatives in large doses (morphia and chloral), the exclusion of external stimuli and free elimination with aperients and fluids.

Case Reg. No. No.	Previous Pregnancies Before After 28 weeks 28 weeks	Condition on ad- mission	If in Labour	NUMBER OF FITS			Total admission or max. discharge	Albumin on admission	Quantity in first 24 hrs.	Oedema	Highe't Blood Pressure	No. of days in Hospital before Delivery	If Induced state	Method of Delivery	Result M. C.	Remarks
				Before ad- mission	Intra- Par- tum	Post Par tum										
1	W448	22	—	—	—	1	1	Cloud	None	measured	138/110	5 hours	—	Spontaneous	A. A.	On admission B.P. 116/78, urine normal. The fit occurred 6 hrs. after completion of otherwise normal labour.
BOOKED																

TABLE 7

ACCIDENTAL ANTE-PARTUM HAEMORRHAGE

7 Cases.

No mother died. There were three stillbirths, a foetal mortality of 42.8%.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity	Condition on admission	If in labour	Cause of A.P.H. if known	Treatment	Blood Transfusion oz.	Amount of Bleeding		Result M. C.	Remarks	
			Before 28 wks.	After 28 wks.							Concealed	Revealed oz.			
BOOKED															
1	M 96	32	—	1	30	30	Good	No	Rest, sedatives	No	Slight	16	A. S.B.	Infarcted placenta. Eclampsia with previous pregnancy.	
2	M399	31	—	1	35	35	Good	No	Rest, Sedatives	No	—	Slight	A. A.	B.P. 140/90.	
3	M742	43	—	1	32	32	Good	No	Rest, E.U.A.	No	—	Slight	A. A.	B.P. 140/100. Fothergill's operation 1943.	
NON-BOOKED															
4	W434	24	—	2	36	36	Fair	Yes	Toxaemia	Morphia	...	6	10	A. S.B.	Placenta praevia excluded.
5	W436	22	—	1	34	38	Good	No	Toxaemia	Morphia	...	—	$\frac{1}{2}$	A. A.	
6	M404	28	—	1	34	39	Good	No	Toxaemia	Sedatives, E.U.A.	...	—	$\frac{3}{4}$	A. A.	
PRIVATE															
7	M478,	21	—	—	37	37	Fair	No	Toxaemia	Sedatives, A.R.M.	...	8	Moderate	A. S.B.	

TABLE 7A

ANTE-PARTUM HAEMORRHAGE

WITHOUT OTHER SIGNS OF PLACENTA PRAEVIA OR TOXAEMIA

20 Cases.

No mother died. There was one stillbirth.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on admission	Condition on admission	If in Labour	Cause of A.P.H. if known	Treatment	Blood Transfusion oz.	Amount of Bleeding		Result M. C.	Remarks
			Before 28 wks.	After 28 wks.							Concealed oz.	Revealed oz.		
BOOKED														
1	W 20	25	—	—	38	38	No	Cervical erosion	Morphia, observation	No	—	Slight	A. A.	E.U.A. 36 wks.
2	W194	34	—	2	32	40	No	—	Morphia, observation	No	—	12 oz.	A. A.	Twin pregnancy. Examination in theatre.
3	W263	27	—	1	37	39	No	—	Observation ...	No	—	Slight	A. A.	Examination in theatre.
4	W305	36	—	2	30	37	No	—	Observation ...	No	—	Slight	A. A.	Examination in theatre.
5	W345	45	—	1	36	38	No	Cervical erosion	Observation ...	No	—	1 oz.	A. A.	Examination in theatre.
6	W482	29	—	2	34	44	No	—	Observation ...	No	—	$\frac{1}{2}$ oz.	A. A.	Bleeding did not recur.
7	M 8	35	1	1	35	38	No	—	Rest, E.U.A. at 36 wks.	No	—	Slight	A. A.	Placenta praevia excluded.
8	M108	28	—	—	37	39	No	Cervical erosion	Observation ...	No	—	Slight	A. A.	Examination in theatre.
9	M264	23	—	—	33	33	No	—	Observation ...	No	—	Slight	A. A.	Examination in theatre.
10	M287	28	—	—	36	36	No	—	Rest, sedatives, E.U.A.	No	—	10 oz.	A. A.	Placenta praevia excluded.
11	M363	26	—	—	32	39	No	—	Rest, E.U.A. at 36 wks.	No	—	Slight	A. A.	Severe degree placenta praevia excluded.
12	Re-admitted M469	43	—	—	38	39	No	—	Rest, sedatives	No	—	20 oz.	A. A.	Membranes ruptured at placental edge.
13	M547	26	—	2	26	39	No	Cervical polypus	Removed by torsion	No	—	Slight	A. A.	Placenta praevia excluded.
14	M563	23	—	—	38	40	No	Cervical erosion	E.U.A. at 38 weeks	No	—	Slight	A. S.B.	Placenta praevia excluded.
15	M718	25	—	—	31	40	No	—	Observation ...	No	—	Slight	A. A.	Placenta praevia excluded.
16	M721	25	—	2	36	39	No	Cervical erosion	Rest, E.U.A.	No	—	Slight	A. A.	Placenta praevia excluded.
17	M757	43	—	—	36	41	No	—	Rest, E.U.A.	No	—	Slight	A. A.	Labour began 2 days later.
18	M793	29	—	—	36	36	No	—	Observation ...	No	—	7 oz.	A. A.	Firstplacenta expelled spontaneously
					35	35	Yes	Separation of first placenta	Rupture of second bag of membranes. Willett's forceps	Yes	—	36 oz.	A. A.	Second manually removed.
NON-BOOKED														
19	M514	32	—	1	37	37	No	No	Rest, sedatives, E.U.A.	No	—	3 oz.	A. A.	Placenta praevia excluded. Twins.
PRIVATE														
20	M439	29	—	1	35	35	No	No	Rest, sedatives	No	—	Slight	A. A.	

TABLE 8

PLACENTA PRAEVIA

3 Cases.

No mother died. No infant died.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity		Condition on admission	If in Labour	Type 1, 2, 3, 4	Treatment	Blood Transfusion	Amount of Bleeding	Result		Remarks
			Before 28 wks.	After 28 wks.	at first haem. mission	at delivery							M.	C.	
BOOKED															
1	M154	28	1	1	36	36	Good	No	2	A.R.M. ...	...	Moderate	A.	A.	
2	M710	35	3	—	33	33	Good	Yes	1	Sedatives, observation ...	No	Moderate	A.	A.	
NON-BOOKED															
3	W530	34	—	—	38	38	Good	No	3	Lower segment C.S.	...	30 oz.	A.	A.	Further blood loss during operation.

TABLE 9

HYDRAMNIOS

15 Cases.

The diagnosis of hydramnios was made on clinical examination and not by measuring the amount of liquor. The cases therefore only include those with a notable excess of liquor.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity on at		Treatment	Result		Remarks		
			Before 28 wks.	After 28 wks.	diag- nosis	de- livery		M.	C.			
BOOKED												
1	W132	29	—	—	34	39	Admitted for rest	...	...	A.	A.	Albuminuria.
2	W176	32	—	2	38	40	Admitted for rest	...	...	A.	A.	Repeat C.S.
3	W234	31	—	1	32	40	—			A.	A.	Normal delivery.
4	W237	22	—	1	37	40	—			A.	A.	Normal delivery.
5	W355	38	1	1	38	40	—			A.	A.	Normal delivery. Child 10 lb.
6	W373	21	—	—	38	41	—			A.	A.	Normal delivery.
7	W392	34	1	—	36	41	Admitted for rest	...	...	A.	S.B.	Toxaemia, C.S., child 11 lb.
8	W469	19	—	—	32	34	—			A.	S.B.	Breech labour, Wilm's tumour.
9	W498	22	—	—	38	40	—			A.	A.	Normal delivery.
10	W540	36	—	—	32	40	—			A.	A.	P.P.H., blood transfusion.
11	M 16	42	—	2	32	39	—			A.	A.	Persistent transverse lie, C.S.
12	M562	29	—	—	35	39	Admitted for rest, A.R.M.	...		A.	A.	Child weighed 9 lb. 13 oz.
13	M779	37	1	1	32	40	—			A.	A.	
14	M808	31	—	—	32	40	—			A.	A.	
NON-BOOKED												
15	M482	45	2	1	40	40	—			A.	A.	Child weighed 8 lb. 14 oz.

TABLE 10

TUMOURS ASSOCIATED WITH PREGNANCY, LABOUR OR PUERPERIUM

13 Cases.

No mother died. No infant died.

Case No.	Reg. No.	Age	Previous Pregnancies		Nature of Tumour	Treatment	Result		Remarks	
			Before 28 wks.	After 28 wks.			M.	C.		
BOOKED										
1	W147	33	—	—	Fibroid	...	Conservative ...	...	A. A.	Retroverted uterus, corrected. Sec- ondary P.P.H.
2	W218	21	—	1	Fibroid	...	Trial labour, spon- taneous delivery	...	A. A.	Threatened abortion, P.P.H.
3	W345	45	—	1	Fibroid	...	Conservative ...	...	A. A.	A.P.H.
4	M103	36	—	—	Fibroid	...	High head, trial labour	...	A. A.	
5	M300	33	—	1	Fibroid	...	Conservative ...	...	A. A.	A.N. Breech.
6	M355	38	1	1	Fibroids	...	Conservative ...	...	A. A.	Hydramnios.
7	M407	32	—	1	Fibroid	...	Conservative ...	...	A. A.	
8	M504	26	—	—	Fibroid	...	Conservative ...	...	A. A.	Retroverted uterus.
9	M608	31	—	1	Fibroid	...	Conservative ...	...	A. A.	A.N. Breech.
10	M671	37	—	2	Fibroid	...	Conservative ...	...	A. A.	Retroverted uterus.
NON-BOOKED										
11	M376	34	—	—	Fibroid	...	C.S. myomectomy	...	A. A.	Contracted pelvis, inertia.
12	M643	34	—	1	Fibroid	...	Conservative ...	...	A. A.	Delayed involution.
PRIVATE										
13	W547	37	—	—	Degenerating fibroid	Rest, analgesics	...	A. A.	A. A.	Congenital heart disease, pre- eclampsia, breech delivery.

PROLONGED LABOUR—continued

Case No.	Reg. No.	Age	Previous Pregnancy		Position of Foetus at Onset	Other Obstetric Abnormalities	Cause of Delay as Diagnosed	Time of Rupt. of membranes (hrs. before Delivery)			Duration of Labour			Treatment	Method of Delivery	P.P.H.	Mortality of Child	Result M. C.	Remarks
			Before 28 wks.	After 28 wks.				hr. m.	hr. m.	hr. m.	1st Stage	2nd Stage	3rd Stage						
22	M540	36	—	—	L.O.A.	Elderly primi-gravida	Colicky uterus, rigid cervix	102 12	101 35	0 47	0 18			Sedatives, cervix pushed up	Forceps	No	—	A. A.	
23	M576	24	—	—	L.O.A.	—	Badly flexed head	2 5	79 45	1 50	0 10			Sedatives	Normal	No	—	A. A.	
24	M581	27	—	—	R.O.P.	Posterior position	Rigid cervix	41 13	25 0	0 6	0 9			Sedatives, cervix manually dilated	Forceps	No	—	A. A.	
25	M712	41	—	—	L.O.L.	Elderly primi-gravida	Rigid cervix, became oedematous	24 25	66 30	1 40	2 0			Trial labour, sedatives	Forceps	No	—	A. A.	
26	M734	30	1	—	L.O.P.	Posterior position	Sluggish uterus	8 40	77 15	1 25	0 30			Sedatives	Forceps	No	—	A. A.	
27	M751	29	—	—	L.O.P.	Posterior position	Colicky uterus	12 0	94 45	1 10	0 15			Sedatives	Normal	No	—	A. A.	
28	M775	37	—	—	R.O.P.	Elderly, posterior, high head	Rigid cervix, tense uterus	48 0	52 15	—	—			Trial labour, sedatives	Lower segment C.S.	No	—	A. A.	
29	M787	23	—	—	L.O.A.	—	Sluggish uterus	1 15	50 30	0 45	0 35			Sedatives	Normal	No	—	A. A.	
30	M804	23	—	—	R.O.A.	—	Sluggish uterus	0 30	47 0	0 15	0 15			Sedatives	Normal	No	—	A. A.	
31	M831	34	—	—	L.O.A.	5 wks. post-mature, inertia syndrome	Sluggish uterus	?	135 25	0 10	0 5			Stilboestrol, sedatives	Forceps to head, delivered through par-tially dilated os	No	—	A. M.	Cystic lung. Intra-uterine death before labour.
32	M837	33	1	—	R.O.A.	Constriction ring in second stage	Colicky uterus	48 0	46 35	3 25	0 10			Sedatives, general anaesthesia	Forceps	No	—	A. A.	Uterine fibroid.
NON-BOOKED																			
33	W 14	36	—	—	L.O.A.	Elderly, contracted pelvis, high head	Sluggish uterus	120 0	49 45	1 55	5 45			Sedatives	Normal	76	—	A. A.	Manual removal of placenta.
34	W 62	27	—	—	R.O.A.	Contracted pelvis	Sluggish uterus	At operation	78 0	—	—			—	Caesarean Sect.	—	—	A. A.	
35	W380	33	1	—	L.O.A.	Rigid soft parts	Sluggish uterus	15 0	53 15	4 5	0 10			Sedatives	Forceps	8	—	A. A.	
36	M233	39	—	—	L.O.A.	Elderly primi-gravida	Rigid cervix	5 0	73 0	1 30	0 15			Sedatives	Normal	No	No	A. A.	
37	M313	38	—	—	L.O.P.	Pre-eclampsia	Twin pregnancy	32 10	49 0	1 35	0 20			Sedatives	Normal	No	No	A. A.	
38	M438	37	—	—	R.O.P.	Posterior position	Sluggish uterus	9 50	51 45	2 40	0 20			Sedatives	Normal	No	No	A. A.	
39	M597	19	—	—	L.O.A.	—	Sluggish uterus	0 25	67 25	0 40	0 15			Enema, sedatives	Forceps	No	No	A. A.	
40	M618	33	—	1	L.O.L.	Mild disproportion	Inertia	0 10	71 40	0 10	0 35			Pethidine	Normal	No	No	A. A.	Admitted at end of first stage.
PRIVATE																			
41	M112	28	—	—	R.O.A.	? Disproportion, hard head	Rigid cervix	17 40	64 40	4 30	0 45			Sedatives	Forceps	No	No	A. A.	4 wks. overdue.
42	M117	30	—	—	L.O.A.	Rhesus antibodies	Unripe cervix	96 15	70 45	1 45	0 25			Sedatives	Forceps	No	No	A. A.	A.R.M.
43	M122	34	1	—	R.O.A.	Rigid cervix	Twin pregnancy	—	67 17	—	—			Sedatives	Caesarean Sect.	No	No	A. A.	
44	M549	40	—	—	L.O.A.	Elderly primi-gravida	Sluggish uterus, rigid soft parts	3 15	50 0	2 0	0 40			Sedatives	Forceps	No	No	A. A.	

TABLE 12
PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND TRANSVERSE ARREST

75 Cases.

The hospital obstetric medical officers are taught to use Kielland's forceps, and they have been used when rotation of the head has been required.
No mother died. Four foetuses were stillborn, a foetal mortality of 5.3%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Maturity	Position of Occiput	Type of Pelvis if known	Treatment	Result M. C.	Weight of Child lb. oz.	Remarks
BOOKED										
1	W 75	21	—	37	L.O.P.	Justo-minor ...	Spontaneous, face to pubes	...	3 11	Small head.
2	W 94	23	—	41	L.O.L.	Normal ...	Forceps rotation and delivery	...	7 8	Muscle-bound outlet.
3	W126	36	—	37	L.O.L.	Normal ...	Forceps rotation and delivery	...	6 3	
4	W143	35	—	38	R.O.P.	Contracted outlet	Forceps rotation and delivery	...	7 1	
5	W175	38	1	40	L.O.P.	Android ...	Forceps delivery ...	...	9 10	Cord prolapsed.
6	W222	24	—	43	L.O.P.	Contracted outlet	Forceps rotation and delivery	...	8 5	Prolonged labour.
7	W232	26	—	41	R.O.P.	Android ...	Forceps, face to pubes ...	...	8 9	Complete tear.
8	W238	26	—	40	R.O.P.	Normal ...	Spontaneous face to pubes ...	...	6 7	Prolapse of hand.
9	W243	25	—	41	R.O.P.	Contracted outlet	Forceps rotation and delivery	...	8 12	Rotation easy, extraction very difficult.
10	W267	28	—	40	R.O.P.	Normal ...	Caesarean Section ...	...	10 12	Uterine inertia.
11	W337	31	—	42	L.O.P.	Normal ...	Forceps rotation and delivery	...	9 1	Prolonged labour, P.P.H.
12	W362	26	—	42	R.O.P.	Normal ...	Manual rotation, forceps delivery	...	8 3	P.P.H., manual removal of placenta.
13	W391	21	—	40	R.O.P.	Contracted outlet	Forceps rotation and delivery	...	7 3	Prolonged labour, manual removal of placenta.
14	W437	28	—	40	R.O.P.	Normal ...	Forceps rotation and delivery	...	6 8	Forceps applied for foetal distress early in second stage.
15	W463	29	—	40	R.O.P.	Normal ...	Forcer's rotation and delivery	...	8 1	Deflexed head.
16	M 3	22	—	39	L.O.P.	Normal ...	Spontaneous, face to pubes	...	5 15	Small head.
17	M 12	27	—	40	L.O.P.	Normal ...	Forceps rotation and delivery	...	8 15	Large deflexed head.
18	M 19	36	—	40	R.O.P.	Normal ...	Spontaneous, face to pubes	...	7 4	
19	M 21	20	—	39	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	4 14	Second twin, small head.
20	M 51	28	1	40	R.O.P.	Funnel shaped	Forceps rotation and delivery	...	9 10	Large deflexed head.
21	M 89	24	—	40	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	7 10	Pelvic floor lax after delivery of first twin.
22	M133	39	—	41	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	9 0	Deficient pelvic floor.
23	M137	39	2	40	R.O.P.	Normal ...	Spontaneous delivery R.O.P.	...	9 6	
24	M151	21	—	39	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	8 5	Deficient pelvic floor.
25	M163	32	—	41	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	6 8	Large pelvis, deficient pelvic floor, second stage 5 min.
26	M198	27	—	40	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	9 2	
27	M244	26	—	40	L.O.P.	Normal, large	Spontaneous, face to pubes	...	9 11	Prolapsed cord.
28	M252	34	—	41	L.O.P.	Normal ...	Forceps delivery, face to pubes	...	7 0	Inertia, deflexed head.
29	M269	28	—	41	R.O.P.	Normal ...	Trial labour, Caesarean Section	...	8 9	Deficient pelvic floor.
30	M307	34	—	40	L.O.P.	Normal ...	Spontaneous delivery, L.O.P.	...	8 1	
31	M334	28	—	41	L.O.P.	Normal, roomy	Spontaneous, face to pubes	...	8 15	
32	M335	38	—	40	L.O.P.	Normal ...	Spontaneous, face to pubes	...	7 7	Lax pelvic floor.
33	M342	27	—	39	R.O.P.	E.C. 8¾ in.	Spontaneous, face to pubes	...	7 1	Android pelvis.
34	M378	25	—	35	R.O.P.	Normal ...	Spontaneous, face to pubes	...	5 15	Small foetal head.
35	M386	28	1	43	R.O.P.	Normal ...	Spontaneous, face to pubes	...	6 5	
36	M409	24	—	38	R.O.P.	Normal ...	Spontaneous delivery, R.O.P.	...	5 13	

PERSISTENT POSTERIOR POSITION OF THE OCCIPUT AND TRANSVERSE ARREST—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Maturity	Position of Occiput	Type of Pelvis if known	Treatment	Result M. C.	Weight of Child lb. oz.	Remarks
37	M453	26	—	42	R.O.P.	Normal	Spontaneous, face to pubes	...	6 12	High deflexed head. First twin. Right leg 1 in. short. Inertia syndrome.
38	M496	28	—	43	R.O.P.	Normal	Forceps rotation and delivery	...	8 10	
39	M530	27	—	40	R.O.P.	Normal	Spontaneous, face to pubes	...	7 5	
40	M532	25	—	41	L.O.P.	Normal	Manual rotation, forceps delivery	...	7 1	
41	M535	32	—	43	L.O.P.	Cavity slightly reduced	Forceps rotation and delivery	...	7 13	
42	M539	23	—	40	L.O.P.	Normal	Forceps rotation and delivery	...	7 4	Deflexed head.
43	M542	27	—	40	R.O.P.	Normal	Spontaneous, face to pubes	...	7 8	Second twin. Deflexed head. Inertia syndrome.
44	M543	25	—	38	L.O.P.	Flat	Forceps rotation and delivery	...	5 13	
45	M553	29	—	38	L.O.P.	Normal	Spontaneous, face to pubes	...	7 14	
46	M563	22	—	40	R.O.P.	Contracted outlet	Spontaneous, face to pubes	...	6 12	
47	M564	29	—	40	R.O.P.	Normal	Forceps rotation and delivery	...	9 3	
48	M585	28	—	40	R.O.P.	Normal	Manual rotation, forceps delivery	...	6 15	Second twin.
49	M610	21	—	40	L.O.P.	Contracted outlet	Forceps rotation and delivery	...	6 7	
50	M641	20	—	40	L.O.P.	Normal	Spontaneous, face to pubes	...	8 10	
51	M660	29	—	40	R.O.P.	Normal	Spontaneous face to pubes ...	...	9 2
52	M690	25	—	41	R.O.P.	Normal	Forceps delivery face to pubes	...	8 2	
53	M682	32	—	39	R.O.P.	Android	Spontaneous, face to pubes	...	7 0	Deflexed head.
54	M723	22	—	41	R.O.P.	Normal	Spontaneous, face to pubes	...	8 8	
55	M740	22	—	37	R.O.P.	Normal	Spontaneous, face to pubes	...	7 5	
56	M766	22	—	39	R.O.P.	Normal	Spontaneous, face to pubes	...	5 11	
57	M771	29	—	40	L.O.P.	Normal	Spontaneous, face to pubes	...	6 14	
58	M775	37	—	37	R.O.P.	Contracted outlet	Caesarean Section for inertia	...	7 10	High deflexed head. Not enough time given for rotation of head. Forceps applied for maternal distress.
59	M785	37	—	42	R.O.L.	Normal	Forceps rotation and delivery	...	7 5	
NON-BOOKED										
60	W 85	26	—	36	R.O.P.	Normal	Spontaneous, face to pubes	...	5 7	Second twin.
61	M 4	28	—	40	R.O.P.	Normal	Spontaneous rotation, forceps delivery	...	6 13	
62	M 53	21	—	40	R.O.P.	Normal	Forceps delivery, P.R.O.P.	7 10	Twins
63	M313	21	—	38	L.O.P.	Normal	Face to pubes ...	...	6 8
64	—	—	—	—	L.O.P.	Normal	Face to pubes ...	...	6 7
65	M425	19	—	41	R.O.L.	Normal	Forceps rotation and delivery	...	8 0	
66	M438	37	—	41	R.O.P.	Normal	Forceps delivery, face to pubes	...	7 14	Second twin. Cord prolapsed during manual rotation.
67	M514	32	—	38	R.O.P.	Normal	Spontaneous, face to pubes	...	5 12	
68	M594	26	—	40	L.O.P.	Normal	Manual rotation, forceps delivery	...	7 7	
PRIVATE										
69	M123	26	—	42	R.O.P.	Normal	Forceps rotation and delivery	...	10 7	Labour induced.
70	M174	29	—	42	L.O.L.	Normal	Forceps rotation and delivery	...	8 2	
71	M265	29	—	40	R.O.P.	Normal	Forceps delivery face to pubes	...	7 9	
72	M451	39	—	40	L.O.P.	Narrow outlet	Forceps rotation and delivery	...	7 13	
73	M591	38	—	40	R.O.P.	Normal	Manual rotation, forceps delivery	...	8 14	
74	M700	25	—	40	L.O.P.	Normal	Forceps rotation and delivery	...	7 10	
75	M796	23	—	40	R.O.P.	Normal	Forceps rotation and delivery	...	8 11	

TABLE 13
UNCOMPLICATED BREECH DELIVERY

9 Cases.

An uncomplicated breech delivery is one where an additional risk to the life of the foetus is not present—such as ante-partum haemorrhage, prematurity, monstrosity, pre-eclampsia, twins, etc. Extended limbs and prolapse of the cord are due to the breech presentation itself and so are included in this table.

One object of ante-natal care is to reduce the number of breech deliveries to a minimum. Infant losses in the uncomplicated breech delivery table may be regarded as preventable by ante-natal treatment.

In the 1,163 Booked cases delivered during the year, only 7 uncomplicated breech deliveries occurred, and the foetal mortality due to breech labour was 1, a complicated breech delivery No. W398.

The method of delivery normally adopted is to have the woman in the lithotomy position, and when the breech is on the perineum, episiotomy is done under local anaesthesia. Delivery is not assisted until it is found that the arms are extended, when they are brought down, or until the delivery of the head. Burn's method is adopted for this.

Case No.	Reg. No.	Age	Previous Pregnancies Before After 28 wks. 28 wks.	Matu- rity	Legs Flexed or Extended	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Episiotomy or Tear	Remarks
BOOKED										
1	W134	27	—	1	40	Mauriceau-Smellie-Veit method	A. A.	7 12	Epis.	Cephalic version 32 wks.
2	M336	32	—	—	41	Legs and arms brought down. Head extracted by Smellie-Veit method	A. A.	6 8	Epis.	Vertex labour expected.
3	M364	36	1	4	44	Normal ...	A. A.	8 8	—	Patient very fat, presentation unstable, breech had recurred on admission in labour.
4	M467	34	—	—	38	Head delivered by Smellie-Veit method	A. A.	5 13	Epis.	Bilateral hare lip and cleft palate.
5	M556	27	2	—	40	Legs brought down, head delivered by Smellie-Veit method	A. A.	6 14	Epis.	External version G. A. failed. Vertex labour expected.
6	M587	40	—	—	38	Head delivered by Burn's method	A. A.	6 13	Epis.	Vertex labour expected.
7	M657	35	1	3	41	Precipitate delivery ...	A. A.	8 11	—	Vertex labour expected.
PRIVATE										
8	M139	35	—	2	39	Assisted head ...	A. A.	7 10	—	—
9	M484	37	—	1	40	Assisted head ...	A. A.	6 13	Epis.	Epis.

TABLE 13A

BREECH PRESENTATION TREATED BY CAESAREAN SECTION

3 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity	Indication	Weight of Child		Result M. C.	Remarks
			Before 28 wks.	After 28 wks.			lb.	oz.		
No mother and no infant died.										
BOOKED										
1	M319	29	—	1	38	Contracted pelvic outlet, previous C.S.	8	5	A. A.	Bicornuate uterus, Case W501, 1947
2	M391	33	—	—	39	Contracted pelvis	7	1	A. A.	
3	M468	35	—	1	38	Previous forceps delivery of 5 lb. 1 oz. child	7	6	A. A.	

TABLE 14

COMPLICATED BREECH DELIVERY (EXCLUDING BREECH BY VERSION IN LABOUR)

14 Cases.

No mother died. There were 2 stillbirths and one infant death.											
Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. 28 wks.	Maturity	Obstetric Complications	Treatment	Result M. C.	Weight of Child lb. oz.	Episiotomy or Tear	Remarks	
BOOKED											
1	W263	27	—	1	37	Twin ...	Unassisted delivery ...	A. A.	5 15	—	Version failed 10 days before. Version failed, labour induced. P.M. Wilm's tumour.
2	W398	20	—	—	41	Pre-eclampsia ...	Forceps to after-coming head	A. S.B.	6 0	Epis.	
3	W443	20	—	—	38	Prematurity ...	Forceps to after-coming head	A. A.	5 7	Epis.	
4	W469	19	—	—	34	Foetal renal tumour	Head delivered by Smellie-Veit method	A. S.B.	5 12	Epis.	
5	W488	36	—	2	38	Twin ...	Unassisted delivery ...	A. A.	7 6	Tear	Footling.
6	M 17	23	—	—	42	Twin ...	Forceps to after-coming head	A. A.	5 13	Epis.	
7	M 89	24	—	1	40	Twin ...	Spontaneous delivery	A. A.	7 6	—	
8	M127	22	—	2	39	Toxaemia ...	Head delivered by Smellie-Veit method	A. A.	7 1	Epis.	
9	M347	28	—	2	40	Premature twin ...	Head delivered by Smellie-Veit method	A. A.	5 2	Tear	Labour induced.
10	M562	29	—	—	39	Hydramnios ...	Legs, arms brought down	A. A.	6 12	Epis.	
11	M702	37	3	3	40	Twin ...	No special treatment	A. A.	7 11	—	
12	M702					Twin ...	No special treatment	A. A.	6 2	—	
13	M746	25	—	2	38	Pre-maturity ...	No special treatment	A. D.	5 0	—	Congenital absence of kidneys.
PRIVATE											
14	W547	37	—	—	42	Pre-eclampsia ...	No special treatment	A. A.	6 2	Epis.	Pyelitis.

TABLE 15

FACE AND BROW PRESENTATION

4 Cases.

No mother died. One foetus was stillborn, a foetal mortality of 25%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Matu- rity	Position	Treatment	Method of Delivery	Result M. C.	Weight of Child lb. oz.	Remarks
BOOKED										
1	M237	28	—	44	L.M.A.	—	Unassisted	...	7 10	Vertex onset of labour.
2	M653	36	1	40	L.M.A.	—	Forceps	...	6 9	Deflexed head before labour.
NON-BOOKED										
3	M346	29	—	41	L.M.A.	Failed forceps at home	...	Caesarean Section	A. M.	Obstructed labour. True knot in cord.
PRIVATE										
4	M439	29	—	39	R.M.A.	No special treatment	...	Unassisted	A. A.	Secondary face.

TABLE 16

TRANSVERSE AND OBLIQUE LIE (IN LABOUR)

No case

TABLE 17

MULTIPLE PREGNANCY

22 Cases of twins.

No mother died. 4 foetuses were stillborn, a foetal mortality of 9%.

Case No.	Reg. No.	Age	Previous Pregnancies		Matu- rity	Presentation		Method of Delivery		Sex		Weight		Type if known	Result		Remarks
			Before 28 wks.	After 28 wks.		1st	2nd	1st	2nd	1st lb. oz.	2nd lb. oz.	M.	1st 2nd				
BOOKED																	
1	W246	23	—	—	37	Breech	Vertex	Caesarean	Section	M.	M.	5 12	6 10	—	A.	A.	Contracted pelvic outlet, pre-eclampsia. A.P.H.
2	W263	27	—	—	37	L.O.A.	R.S.A.	Spontaneous	Spontaneous	M.	M.	6 2	5 15	Binovular	A.	A.	
3	W287	29	—	—	37	L.O.A.	R.O.A.	Spontaneous	Spontaneous	F.	M.	5 0	5 14	Binovular	A.	A.	
4	W315	35	—	—	38	R.O.A.	R.O.P.	Spontaneous	Spontaneous	M.	F.	6 5	5 6	Binovular	A.	A.	
5	W394	34	—	—	35	R.O.A.	P.O.P.	Spontaneous	Spontaneous	F.	F.	4 6	3 10	? Uniovular	A.	A.	
6	W488	36	—	—	38	R.S.A.	L.O.A.	Spontaneous	Spontaneous	M.	F.	7 6	5 4	Binovular	A.	A.	
7	M 17	23	—	—	42	L.O.A.	L.S.A.	Spontaneous	Spontaneous	F.	F.	5 9	5 13	Binovular	A.	A.	
8	M 21	20	—	—	39	L.O.A.	R.O.P.	Spontaneous	Spontaneous	F.	F.	5 7	4 14	Binovular	A.	A.	
9	M 34	27	2	2	36	R.O.A.	L.O.A.	Spontaneous	Spontaneous	M.	M.	6 0	5 5	Uniovular	A.	A.	
10	M 46	28	—	—	30	Vertex	Vertex	Spontaneous	Spontaneous	F.	F.	2 0	2 4	Uniovular	A.	M.	
11	M 89	24	—	—	40	R.S.A.	R.O.P.	Spontaneous	Spontaneous	M.	F.	7 6	7 10	Binovular	A.	A.	
12	M347	28	—	—	40	L.S.A.	R.O.A.	Spontaneous	Spontaneous	M.	M.	5 2	6 0	Binovular	A.	A.	
13	M532	25	—	—	41	L.O.P.	L.O.A.	Forceps	Forceps	F.	M.	7 1	8 0	Binovular	A.	S.B.	
14	M543	25	—	—	38	L.O.A.	L.O.P.	Spontaneous	Forceps	F.	F.	6 3	5 13	Uniovular	A.	A.	
15	M585	28	—	—	40	R.O.A.	R.O.P.	Forceps	Forceps	M.	M.	6 12	6 15	Binovular	A.	S.B.	
16	M666	34	1	3	39	L.O.A.	L.O.A.	Spontaneous	Spontaneous	F.	F.	6 12	5 0	Binovular	A.	A.	
17	M702	37	3	3	40	L.S.A.	R.S.A.	Spontaneous	Spontaneous	F.	M.	7 11	6 2	Binovular	A.	A.	
18	M793	29	—	—	34	R.O.A.	L.O.A.	Spontaneous	Willlett's forceps	M.	M.	5 2	2 11	Binovular	A.	A.	
NON-BOOKED																	
19	W 85	26	—	—	36	R.O.A.	R.O.P.	Spontaneous	Spontaneous	F.	F.	4 10	5 7	Uniovular	A.	A.	
20	M313	21	—	—	38	L.O.P.	L.O.P.	Spontaneous	Spontaneous	F.	F.	6 8	6 7	Binovular	A.	A.	
21	M514	32	—	—	38	L.O.A.	R.O.P.	Spontaneous	Spontaneous	M.	M.	7 6	5 12	Uniovular	A.	A.	
PRIVATE																	
22	M122	34	1	—	38	R.S.A.	L.O.A.	Caesarean	Section	F.	M.	5 8	6 12	Binovular	A.	A.	
																Inertia.	

TABLE 18

LABOUR FOLLOWING PREVIOUS CAESAREAN SECTION

Case No.	Reg. No.	Age	Previous Pregnancies		Maturity	Indication	PREVIOUS CAESAREAN SECTION		Type of C.S.	Method of Delivery	Weight of Child lb. oz.	Result M. C.	Remarks
			Before 28 wks.	After 28 wks.			Weight of Child lb. oz.	Weight of Child lb. oz.					
BOOKED													
1	M 5	35	—	1	45 ?	Contracted pelvic brim	...	...	Classical	...	Normal R.O.A.	6 8	A. A.
2	M169	37	1	2	41	Inertia in first labour, posterior vertex	...	position of	Lower segment	...	Normal L.O.A....	7 13	A. A.
3	M257	28	—	1	41	Breech, mild disproportion	...	...	Lower segment	...	Normal R.O.A....	8 0	A. A.
													Second child S.B., vaginal delivery, M292 1948.

TABLE 19

CONTRACTED PELVIS AND DISPROPORTION

44 Cases.

Caesarean section was performed in 15 cases. Forceps delivery was carried out in 11 cases. 18 cases were delivered spontaneously. No mother died. Three infants were stillborn, a mortality of 6.5%.

Case No.	Reg. No.	Age Before 28 wks.	Pregnancies After 28 wks.	Maturity	Type of Pelvis	Pelvic Measurements				MANAGEMENT				Weight of Child lb. oz.	Result M. C.	Morbidity	Remarks					
						Clinical		Radiological	Height Induction	Surgical Induction	Trial Method of Labour	Length of										
						Int. Spin.	Int. Crist.					Ex. Conj.	D.C. Conj.					Trans. Outlet (knuckles)	1st Stage	2nd Stage		
1	W 4	29	1	38	Platypelloid	11	11½	7	P.N.F.	3	High inclination	5 4	No	No	Normal	13 30	0 35	6 12	A. A.	Nil	Previous forceps delivery.	
2	W119	26	1	40	Gynaecoid	9	9¾	7½	P.N.F.	3	C.V. 11.5 cm., trans. 12 cm.	4 11	No	Yes	Normal	11 20	1 5	7 10	A. A.	Nil		
3	W164	26	—	42	Android	8½	9½	7¼	P.N.F.	3½	C.V. 11.5 cm., trans. 12.5 cm.	5 1	No	Yes	Forceps	4 20	4 5	7 14	A. A.	Nil		
4	W254	27	1	40	Justo-minor, contracted outlet	10½	11½	7½	P.N.F.	3	—	4 11	No	Yes	Normal	65 25	1 0	7 12	A. A.	Nil		Muscle-bound outlet.
5	W262	23	—	41	Justo-minor	9½	10¼	7¾	P.N.F.	4	—	5 0	No	Yes	Normal	30 15	0 40	6 14	A. A.	Nil	A.N., breech turned.	
6	W282	24	1	39	Contracted outlet	10¾	11½	8	5½	3½	—	5 2	Yes	No	Normal	9 15	0 50	6 9	A. A.	Nil	Previous dystocia. Sub-pubic angle "gothic."	
7	W283	27	2	40	Generally contracted pelvis	9	10	7	4¼	3	—	4 10	No	No	C.S.	—	—	8 13	A. A.	Nil	Two previous C.S.	
8	W311	26	—	1	37	Gynaecoid	9	9½	7½	P.N.F.	3	C.V. 10 cm., trans. 12.5 cm.	5 0	Yes	No	Normal	8 40	0 40	7 3	A. A.	Nil	
9	W356	35	—	1	39	Platypelloid	9¼	10	7	4½	3	C.V. 10.5 cm., trans. 13.5 cm.	5 0	No	No	Normal	16 20	0 25	6 0	A. A.	Nil	P.P.H.
10	W391	21	—	40	? Android	9½	10¾	8	P.N.F.	3	—	5 1	No	Yes	Forceps	51 0	4 5	7 3	A. A.	Nil	Deep transverse arrest.	
11	W412	32	—	40	Contracted outlet	10½	11½	8½	P.N.F.	3½	—	5 3	No	No	Forceps	50 20	2 55	9 3	A. A.	Nil	Narrow pubic arch. Osteo-chondritis of dorsal spine.	
12	W494	20	—	40	Gynaecoid	9¼	10	7¾	P.N.F.	3½	C.V. 10.5 cm., trans. 12.2 cm.	4 10	No	Yes	Normal	34 15	1 5	7 5	A. A.	Nil	Low false promontory.	
13	W554	24	—	40	Gynaecoid	10	11	7¾	5	4	—	5 3	No	Yes	C.S. for foetal distress	17 5	—	7 6	A. A.	Nil	Marked lumbar lordosis.	
14	M 16	42	—	2	39	Android	10¾	11½	8	5	3½	C.V. 11.25 cm., trans. 13 cm.	4 11	No	No	C.S.	—	—	5 4	A. A.	3 days	Persistent transverse lie. First child forceps, S.B.
15	M 51	28	1	40	Funnel	10½	11¾	8¼	P.N.F.	3½	—	5 4	No	No	Forceps	22 30	7 15	9 10	A. A.	Nil	Forceps rotation.	
16	M 59	26	—	40	Gynaecoid	9¼	10¼	8	P.N.F.	3½	C.V. 11.5 cm., trans. 12.8 cm.	5 2	No	Yes	Normal	25 20	3 10	8 6	A. A.	Nil	Pre-eclampsia.	
17	M 83	29	1	40	Gynaecoid	10½	11½	7½	4½	3½	C.V. 9.7 cm., trans. 13 cm.	5 0	No	No	Normal	7 10	1 5	5 14	A. A.	Nil		
18	M108	28	—	38	Gynaecoid	10	11	8	P.N.F.	3½	C.V. 11.8 cm., trans. 11.9 cm.	4 10	No	Yes	Forceps	29 0	5 30	7 1	A. A.	Nil		
19	M128	33	1	2	38	Platypelloid	10¼	11	6½	4½	4	—	4 9	No	No	Normal	9 0	0 20	6 2	A. A.	Nil	P.P.H.

CONTRACTED PELVIS AND DISPROPORTION—continued

Case No.	Reg. No.	Age Before 28 wks.	Pregnancies After Matu- rity 28 wks.	Type of Pelvis	Pelvic Measurements					MANAGEMENT				Length of 2nd Stage	Weight of Child	Result M. C.	Mor- bidity	Remarks			
					Int. Spin.	Int. Cris- t.	Clinical Ex. Conj.	D.C.	Trans. Outlet (knuckles)	Radiological	Height ft. in.	Surgical Induction	Trial Method of Labour						1st Stage		
20	M147	23	— 1	38	Gynaecoid	8 $\frac{3}{4}$	9 $\frac{3}{4}$	7 $\frac{1}{2}$	4 $\frac{3}{4}$	4	C.V. 11.5 cm., trans. 11.2 cm.	5 0	No	No	Normal	20 50	0 10	6 5	A. A.	Nil	Previous child 5 lb. 14 oz.
21	M318	28	— —	39	Justo-minor	10	10 $\frac{3}{4}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	4	C.V. 10 cm., trans. 12.75 cm.	4 10	No	No	Normal	6 40	0 20	6 10	A. A.	Nil	
22	M319	29	— 1	39	Contracted outlet	10 $\frac{1}{2}$	11 $\frac{1}{2}$	8 $\frac{1}{4}$	P.N.F.	3	—	5 7	No	No	C.S.	—	—	8 5	A. A.	Nil	Bi-cornuate uterus, pre- vious C.S., narrow pubic arch, breech. Occipito-posterior posi- tion.
23	M357	23	— —	41	Gynaecoid	10 $\frac{1}{4}$	11 $\frac{1}{4}$	7 $\frac{3}{4}$	P.N.F.	4	—	5 0	No	Yes	Normal	5 15	0 40	7 3	A. A.	Nil	Dorso-lumbar scoliosis.
24	M360	33	— 1	40	Generally con- tracted	10	10 $\frac{1}{2}$	7	4 $\frac{1}{2}$	3 $\frac{1}{2}$	—	4 9	No	No	C.S.	—	—	7 3	A. A.	Nil	Breech presentation, kyphosis, muscle-bound outlet.
25	M391	33	— —	39	Android	9 $\frac{1}{2}$	10 $\frac{1}{4}$	7	4 $\frac{3}{4}$	3 $\frac{1}{2}$	C.V. 10.25 cm., trans. 13.5 cm.	5 0	No	No	C.S.	—	—	7 1	A. A.	Nil	Mitral stenosis, posterior position, high head.
26	M481	40	— —	39	Gynaecoid	10 $\frac{3}{4}$	11 $\frac{1}{4}$	8	P.N.F.	4	—	5 1	No	Yes	Normal	34 0	0 35	6 2	A. A.	Nil	Absolute inertia after birth of 1st twin.
27	M532	25	— —	42	Platypelloid	10 $\frac{1}{2}$	11 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	4	—	5 0	No	No	Forceps rot. and delivery	52 10	90 42	7 1	A. A.	26 days	Manual removal of placentae.
28	M533	26	— —	41	Platypelloid	9 $\frac{1}{4}$	10 $\frac{3}{4}$	8	4 $\frac{1}{2}$	3 $\frac{1}{2}$	C.V. 11 cm., trans. 13 cm.	5 5	No	Yes	C.S.	48 30	—	6 14	A. A.	Nil	Low false promontory.
29	M543	25	— 1	38	Platypelloid	9 $\frac{1}{2}$	10 $\frac{1}{2}$	8	4 $\frac{3}{4}$	3 $\frac{1}{2}$	—	4 11	No	No	Normal	9 25	3 30	6 3	A. A.	No }	Twins
30	M554	25	— 1	38	Gynaeco-android	10 $\frac{1}{4}$	11 $\frac{1}{2}$	7	4 $\frac{1}{2}$	3	C.V. 11 cm., trans. 13.2 cm.	5 3	Yes	No	Normal	14 5	0 30	7 14	A. A.	Nil	Posterior position, episiotomy.
31	M646	32	— —	40	Contracted outlet	10 $\frac{1}{8}$	11 $\frac{7}{8}$	8 $\frac{1}{8}$	P.N.F.	3 $\frac{1}{2}$	—	5 2	No	No	Forceps	11 40	2 15	8 1	A. A.	Nil	Infant cleft palate.
32	M684	35	— —	38	Generally con- tracted	9 $\frac{1}{2}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	4 $\frac{3}{4}$	4	—	4 11	No	No	Normal	6 40	1 25	5 15	A. A.	Nil	Narrow pubic arch.
33	M712	41	— —	42	Contracted outlet	9	11 $\frac{1}{4}$	8 $\frac{1}{4}$	P.N.F.	3 $\frac{1}{2}$	—	5 1	No	Yes	Forceps	66 30	1 40	6 12	A. A.	Nil	Previous C.S. previous forceps, S.B.
34	M717	33	— 3	40	Rickety flat	10 $\frac{1}{2}$	10 $\frac{3}{4}$	7	3 $\frac{3}{4}$	4	—	4 11	No	No	C.S.	—	—	5 12	A. A.	Nil	Dystocia dystrophia syndrome, pre-eclampsia.
35	M735	34	1 —	40	Contracted outlet	9	10 $\frac{1}{2}$	8 $\frac{1}{4}$	?	4	—	5 1	No	No	C.S.	—	—	9 11	A. A.	Nil	Inertia, posterior posi- tion.
36	M775	37	— —	42	Contracted outlet	9	10 $\frac{3}{4}$	7 $\frac{1}{2}$	P.N.F.	3	—	5 2	No	Yes	C.S.	52 0	0 25	7 10	A. A.	Nil	
37	M795	40	2 2	37	Generally con- tracted	9 $\frac{3}{4}$	10 $\frac{1}{2}$	7	5	3 $\frac{1}{2}$	—	5 0	Yes	No	Normal	5 0	0 15	5 0	A. A.	Nil	
38	M827	37	— 1	39	Justo-minor	9 $\frac{3}{4}$	10 $\frac{1}{4}$	7 $\frac{1}{2}$	4 $\frac{1}{2}$	3	—	5 0	No	No	C.S. (repeat)	—	—	6 3	A. A.	Nil	1946, W52 (pyrexial), local anaesthesia.
39	M837	33	1 —	38	Contracted outlet	9 $\frac{1}{2}$	11 $\frac{1}{2}$	7	P.N.F.	3 $\frac{1}{2}$	—	5 1	No	No	Forceps	46 35	3 25	8 5	A. A.	Nil	Foetal distress.

CONTRACTED PELVIS AND DISPROPORTION—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	After 28 wks.	Type of Pelvis	Pelvic Measurements				MANAGEMENT				Length of 1st Stage	Length of 2nd Stage	Weight of Child	Result M. C.	Mor- bidity	Remarks						
						Int. Spin.	Int. Crist.	Clinical Ex. Conj.	D.C. (knuckles)	Trans. Outlet	Radiological	Height ft. in.	Surgical Induction							Trial Method of Delivery	Labour				
NON-BOOKED																									
40	W162	27	—	—	39	9 $\frac{5}{8}$	10 $\frac{3}{4}$	7 $\frac{3}{8}$	P.N.F.	4	—	5	2	No	Yes	C.S.	78	0	—	7	2	A.	A.	Nil	Inertia.
41	W193	44	—	—	41	10 $\frac{1}{2}$	12 $\frac{1}{2}$	7 $\frac{1}{2}$	—	—	—	4	11	No	No	C.S.	26	15	—	6	11	A.	A.	Nil	Foetal distress.
42	M346	29	—	1	41	—	—	—	4 $\frac{1}{2}$	4	—	5	2	No	No	C.S.	4	0	9	9	2	A.	S.B.	Nil	Face presentation, failed forceps before ad- mission. Previous child face presenta- tion and forceps de- livery.
43	M376	34	—	—	40	10 $\frac{1}{4}$	11 $\frac{3}{8}$	7 $\frac{3}{8}$	—	—	—	5	0	No	No	C.S.	55	0	—	6	2	A.	A.	Nil	Inertia, admitted two days after onset of labour.
PRIVATE																									
44	M488	34	—	—	41	8 $\frac{5}{8}$	10 $\frac{1}{2}$	7 $\frac{1}{2}$	P.N.F.	3	—	5	1	No	Yes	Forceps	63	20	0	7	12	A.	A.	Nil	Inertia. episiotomy.

TABLE 20

FAILED FORCEPS

2 Cases.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Failed Maternity After 28 wks.	Cause of Failure	Treatment and Method of Delivery	Weight of Child lb. oz.	Result M. C.	Remarks
NON-BOOKED									
1	M346	29	—	1	41	Before	Disproportion, face presentation...	Caesarean Section although foetus dead	9 2 A. M. First labour difficult forceps.
PRIVATE									
2	M796	23	—	—	40	After	Posterior position ...	R.O.P. Kielland's rotation ...	8 11 A. A. A.R.M. at term.

TABLE 21

PROLAPSE AND PRESENTATION OF CORD

9 Cases.

Mo mother died. Two foetuses were stillborn, a foetal mortality of 22%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Matu- rity After 28 wks.	Size of os when Diagnosed	Cause (if known)	Treatment	Result M. C.	Remarks		
BOOKED											
1	W175	38	1	—	40	—	Forceps delivery	...	...	A. S.B.	Velamentous insertion.
2	W292	34	1	—	41	Low insertion	Caesarean Section	...	...	...
3	M252	34	—	—	41	Posterior position, attempted manual rotation of head	Forceps delivery	...	...	...
4	M308	27	—	1	42	—	Attempted replacement by catheter	gum elastic	A. S.B.		
5	M585	28	—	—	40	—	Forceps delivery	...	...	...	Previous S.B., prolapsed cord.
6	M664	32	—	3	40	Posterior position, high head, early rupture of membranes	Caesarean Section	...	...	...
7	M710	35	3	—	34	Small head	Episiotomy, delivery hastened	...	...	A. A.	Child's weight 3 lb. 12 oz.
NON-BOOKED											
8	M594	26	—	—	40	Posterior position, manual rotation	Replaced, forceps applied	...	...	A. A.	
PRIVATE											
9	W354	34	1	—	40	Deflexed head	Forceps delivery	...	...	A. A.	Long second stage.

TABLE 22

POST-PARTUM HAEMORRHAGE

116 Cases.

No maternal death. 60 patients had blood transfusions.

Primary P.P.H. by convention over 20 oz. and within 24 hours of delivery. Secondary P.P.H. includes any appreciable haemorrhage occurring subsequently during the puerperium. Treatment in all cases of haemorrhage consisted in manual stimulation of the uterus, ergometrine 0.5 mg. injected intramuscularly, or 0.25-0.5 mg. intravenously, morphia gr. $\frac{1}{4}$ subcutaneously. Variations or additions to the treatment are given in the treatment column.

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Duration of Labour	Amount of Haemorrhage			Cause or Predisposing Factor	Treatment (See above)	Blood Transfusion pints	Result to Mother	Remarks
			Before 28 wks.	After 28 wks.			Before Delivery	After Delivery	Secondary P.P.H.					
BOOKED														
1	W 15	27	—	—	Spontaneous	33 15	36	+	—	Partially separated placenta...	Manual removal	...	3	A.
2	W 21	22	—	1	Spontaneous	9 45	50	+	—	Inertia ...	Routine	...	2	A.
3	W 25	20	—	1	Spontaneous	6 15	30	+	—	Partially separated placenta...	Expression	...	2	A.
4	W 31	23	—	—	Spontaneous	13 55	20	12	—	Inertia, labial laceration	Suture	...	1	A.
5	W 46	27	—	—	Spontaneous	31 40	35 +	35 +	—	Partially separated placenta...	Manual removal	...	4	A.
6	W 62	28	—	—	Spontaneous	12 50	20	12	—	Partially separated placenta, labial laceration	Expression, suture	...	1	A.
7	W 94	23	—	—	Forceps	57 45	30	—	—	Long labour, partially separated placenta	Manual removal	...	4	A.
8	W127	36	1	1	Spontaneous	15 15	30	6	—	Partially separated placenta...	Expression	...	No	A.
9	W147	33	—	—	Spontaneous	10 0	—	—	10	Retained products	Evacuation of uterus	...	No	A.
10	W181	30	—	1	Spontaneous	4 0	2	22	—	Partially separated placenta, unemptied bladder	Catheterized, expression	...	1	A.
11	W183	33	—	1	Spontaneous	12 40	20	8	—	Partially separated placenta...	Expression	...	No	A.
12	W185	28	—	—	Spontaneous	8 35	16	24	—	Inertia ...	Routine	...	No	A.
13	W198	34	—	2	Spontaneous	7 5	4	24	—	Inertia ...	Routine	...	No	A.
14	W218	21	—	1	Spontaneous	7 40	—	28	—	Inertia ...	Routine	...	No	A.
15	W220	23	1	1	Spontaneous	15 30	—	40	—	Inertia ...	Routine	...	1½	A.
16	W243	25	—	—	Forceps	56 20	20	3	—	Inertia ...	Expression	...	1	A.
17	W263	27	—	—	Spontaneous	7 10	16	12	—	Large placenta, partially separated	Routine	...	No	A.
18	W266	31	—	1	Spontaneous	10 10	30	10	—	Partially separated placenta...	Expression	...	1	A.
19	W278	28	—	—	Spontaneous	14 5	36	18	—	Partially separated placenta...	Manual removal	...	2	A.
20	W280	25	—	—	Spontaneous	23 0	16	34	—	Partially separated placenta...	Expression	...	1	A.
21	W320	33	—	2	Spontaneous	5 20	—	26	—	Inertia after separation	Expression	...	No	A.
22	W328	25	—	1	Spontaneous	11 20	10	30	—	Inertia ...	Routine	...	No	A.
23	W337	31	—	—	Forceps	59 55	16	6	—	Long labour, large child, Inertia	Manual removal	...	1	A.
24	W343	31	—	—	Spontaneous	15 10	20	10	—	Partially separated placenta, constriction ring	General anaesthesia manual removal after manual dilatation	—	1	A.

POST-PARTUM HAEMORRHAGE—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Method of Delivery	Amount of Haemorrhage			Cause or Predisposing Factor	Treatment (See above)	Blood Trans.	Result to Mother	Remarks
					Duration of Labour	Before Delivery of Placenta	After Delivery of P.P.H.					
		hr. m.	oz.	oz.	hr. m.	oz.	oz.			pints		
25	W353	37	—	1	40	Spontaneous	11 35	36	—	—	Partially separated placenta, inertia	Manual removal ... 2 A.
26	W355	35	—	1	40	Spontaneous	17 40	24	—	—	Partially separated placenta...	Expression ... 2 A.
27	W362	26	—	—	42	Spontaneous	31 15	25	15	—	Inertia, partially separated placenta	Manual removal, bimanual compression 2 A.
28	W364	28	1	—	40	Spontaneous	9 55	32	4	—	Large partially separated placenta	Expression ... 2 A.
29	W410	34	—	2	38	Spontaneous	12 10	24	—	—	Partially separated placenta...	Expression ... A.
30	W412	32	—	—	40	Forceps	53 25	40	—	—	Inertia, partially separated placenta	Routine ... 1 A.
31	W416	29	—	—	40	Spontaneous	8 20	40	—	—	Partially separated placenta...	Expression ... 1 A.
32	W417	36	—	2	40	Spontaneous	2 0	—	60	—	Inertia ...	Routine ... 2 A.
33	W432	31	1	1	40	Spontaneous	6 15	30	—	—	Partially separated placenta...	Manual removal ... 1 A.
34	W435	23	—	—	41	Spontaneous	21 15	—	30	—	Inertia ...	Routine ... 2 A.
35	W463	29	—	—	40	Forceps	64 20	—	40	—	Inertia, constriction ring	Amyl nitrite, manual removal 4 A.
36	W467	30	—	—	40	Spontaneous	15 45	36	—	—	Partially separated placenta, inertia	Routine ... 1 A.
37	W533	27	—	1	43	Spontaneous	4 50	—	40	—	Inertia ...	Routine ... 2 A.
38	W540	36	—	—	40	Spontaneous	37 25	16	24	—	Partially separated placenta, inertia	Expression ... 1 A.
39	W552	23	—	—	38	Spontaneous	36 0	30	—	—	Large placenta partially separated	Routine ... Nc A.
40	M 12	27	—	—	40	Forceps	13 5	40	—	—	Difficult labour, partial separation of placenta	Expression ... A.
41	M 15	29	—	—	40	Spontaneous	43 20	—	45	—	Inertia ...	Routine ... 2 A.
42	M 49	29	—	1	39	Spontaneous	7 10	20	5	—	Partial separation of placenta	Expression ... A.
43	M116	25	—	—	40	Spontaneous	11 45	—	24	—	Inertia ...	Routine ... No A.
44	M121	27	—	1	42	Spontaneous	4 40	—	22	—	Partial separation of placenta	Expression ... No A.
45	M128	33	1	2	39	Spontaneous	9 30	—	32	—	Inertia ...	Routine ... 2 A.
46	M169	24	—	—	40	Spontaneous	24 35	8	13	—	Partial separation of placenta	Expression ... No A.
47	M179	22	—	1	40	Spontaneous	15 25	26	—	—	Partial separation of placenta	Expression ... A.
48	M183	24	—	—	40	Spontaneous	18 00	—	18	—	Inertia ...	Routine ... No A.
49	M227	36	—	2	37	Spontaneous	6 40	—	32	—	Inertia ...	Routine ... No A.
50	M231	35	1	2	42	Spontaneous	5 35	—	24	—	Inertia ...	Routine ... No A.
51	M237	28	—	—	44	Spontaneous	36 40	—	25	—	Inertia ...	Routine ... 2 A.
52	M252	34	—	—	41	Forceps	30 10	18	—	—	Partial separation of placenta	Expression ... A.
53	M255	29	2	1	40	Spontaneous	14 30	27	16	—	Partial separation of placenta	Routine ... 2 A.
54	M263	28	—	—	40	Spontaneous	37 15	—	36	—	Inertia ...	Routine ... 5 A.
55	M291	26	—	3	41	Spontaneous	7 30	33	—	—	Partial separation of placenta	Routine ... No A.
56	M305	24	—	—	41	Spontaneous	9 55	20	16	—	Partial separation of placenta	Expression ... 1 A.
57	M314	37	—	2	40	Spontaneous	5 15	8	26	—	Partial separation of placenta	Expression ... 1 A.
58	M326	25	—	—	42	Spontaneous	39 35	30	—	—	Partial separation of placenta	Routine ... A.
59	M336	32	—	—	41	Spontaneous	21 25	—	30	—	Inertia ...	Manual removal 1 A.
60	M364	36	1	4	? 40	Spontaneous	2 25	—	28	—	Inertia ...	Routine ... 1 A.

Succenturiate placenta.

Severe shock.

POST-PARTUM HAEMORRHAGE—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Method of Delivery	Amount of Haemorrhage			Cause or Predisposing Factor	Treatment (See above)	Blood Trans.	Result to Mother	Remarks
					Duration of Labour	Before Delivery of Placenta	After Delivery of Placenta					
					hr. m.	oz.	oz.			pints		
61	M418	22	—	Spontaneous	43 30	28	30	Constriction ring	Manual removal	...	A.	
62	M428	37	—	Spontaneous	20 0	18	25	Partial separation of placenta	Routine	...	A.	
63	M431	27	2	Spontaneous	4 40	—	13	Retained products	Uterus evacuated	...	A.	Intra-uterine glycerine injections.
64	M433	30	—	Spontaneous	43 10	15	6	Partial separation of placenta	Routine	...	A.	
65	M435	27	2	Spontaneous	21 15	—	60	Inertia ...	Routine	...	A.	
66	M445	38	—	Spontaneous	25 0	—	36	Partial separation of placenta	Expression	...	A.	
67	M489	35	1	Spontaneous	10 0	—	22	Inertia ...	Routine	...	A.	
68	M495	33	—	Spontaneous	7 40	—	24	Inertia ...	Routine	...	A.	Transfused on 5th day.
69	M497	23	—	Spontaneous	7 15	—	24	Inertia ...	Routine	...	No	
70	M500	42	1	Spontaneous	13 25	—	22	Inertia ...	Routine	...	No	
71	M502	23	—	Spontaneous	54 25	—	30	Long labour, inertia	Routine	...	No	
72	M507	22	—	Spontaneous	15 15	18	4	Partially separated placenta...	Expression	...	A.	Retained products evacuated 10th day.
73	M512	28	2	Spontaneous	8 25	20	40	Partially separated placenta...	Expression	...	A.	
74	M513	32	1	Spontaneous	11 20	10	14	Inertia ...	Routine	...	No	
75	M520	30	—	Spontaneous	9 50	—	43	Inertia ...	Routine	...	No	
76	M529	34	—	Spontaneous	26 50	—	30	Inertia ...	Routine	...	No	
77	M551	35	2	Spontaneous	3 30	—	31	Inertia ...	Routine	...	No	
78	M559	21	1	Spontaneous	5 50	10	11	Partially separated placenta...	Expression	...	A.	
79	M598	18	—	Spontaneous	4 50	20	20	Inertia ...	Routine	...	No	
80	M616	26	—	Spontaneous	13 30	—	28	Short cord ?	Routine	...	No	
81	M629	27	—	Forceps	18 10	—	30	Inertia ...	Routine	...	A.	
82	M640	34	1	Spontaneous	2 20	15	100	Inertia ...	Routine	...	2	Severe collapse.
83	M658	24	—	Spontaneous	27 10	20	10	Partially separated placenta...	Routine	...	No	
84	M675	27	1	Spontaneous	13 5	—	44	Inertia ...	Routine	...	No	
85	M676	35	1	Spontaneous	7 5	—	24	Partially separated placenta...	Expression	...	A.	
86	M680	23	—	Spontaneous	8 45	—	26	Partially separated placenta...	Expression	...	A.	
87	M683	29	1	Spontaneous	4 30	4	21	Partially separated placenta...	Expression	...	No	
88	M685	26	—	Spontaneous	26 20	—	22	Partially separated placenta...	Routine	...	1	
89	M689	41	—	Spontaneous	13 45	—	22	Inertia ...	Expression	...	No	
90	M714	25	—	Spontaneous	35 10	6	24	Partially separated placenta...	Routine	...	No	
91	M721	25	—	Spontaneous	9 10	—	26	Partially separated placenta...	Manual removal	...	1	
92	M728	28	1	Spontaneous	9 55	20	32	Partially separated placenta...	Routine	...	No	A.P.H.
93	M740	22	1	Spontaneous	4 15	12	10	Partially separated placenta...	Routine	...	2	
94	M748	27	—	Spontaneous	18 15	20	15	Partially separated placenta...	Expression	...	No	Fibroids.
95	M751	29	—	Spontaneous	96 10	6	16	Inertia ...	Manual removal	...	2	
96	M781	25	2	Spontaneous	5 30	—	24	Partially separated placenta...	Routine	...	No	
									Expression	...	A.	

POST-PARTUM HAEMORRHAGE—continued

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Amount of Haemorrhage			Cause or Predisposing Factor	Treatment (See above)	Blood Trans. pints	Result to Mother	Remarks	
			Before 28 wks.	After 28 wks.		Duration of Labour hr. m.	Before Delivery of Placenta oz.	After Delivery of Placenta oz.						Second-ary P.P.H.
NON-BOOKED														
97	W 14	36	—	—	Spontaneous	57 25	76	—	Partially separated placenta...	Routine	...	5½	A.	Primary inertia.
98	W 84	23	—	—	Spontaneous	32 5	10	18	Partially separated placenta...	Routine	...	No	A.	
99	W 99	23	—	2	Spontaneous	13 0	10	12	Inertia ...	Routine	...	1	A.	
100	W100	30	3	1	Spontaneous	14 45	20	10	Partially separated placenta...	Routine	...	2	A.	
101	W442	17	—	—	Spontaneous	10 15	20	4	Partially separated placenta...	Routine	...	No	A.	
102	W541	20	—	1	Craniotomy	9 55	10	30	Partially separated placenta...	Routine	...	4	A.	
103	M 4	28	—	—	Forceps	6 58	—	25	Inertia ...	Routine	...	No	A.	Hydrocephaly, obstetric shock.
104	10352	26	1	—	Low forceps	—	?	30	Retained products of conception	Uterus evacuated	2	A.		Admitted 16 days after delivery.
PRIVATE														
105	M367	33	—	1	Spontaneous	8 5	—	24	Inertia ...	Routine	...	No	A.	Obstetric shock.
106	M372	41	—	—	Spontaneous	8 55	—	42	Inertia ...	Routine	...	No	A.	
107	M408	27	—	—	Forceps	26 50	—	32	Inertia ...	Routine	...	No	A.	
108	M478	21	—	—	Spontaneous	14 25	—	29	A.P.H., inertia	Routine	...	1	A.	
109	M485	33	—	1	Spontaneous	11 45	20	10	Partially separated placenta...	Expression ...	...	No	A.
110	M493	33	—	1	Spontaneous	12 55	—	25	Inertia ...	Routine	...	No	A.	
111	M501	28	—	1	Spontaneous	8 2	—	26	Partially separated placenta...	Routine	...	No	A.	
112	M514	32	—	1	Spontaneous	9 50	10	12	Twins ...	Routine	...	No	A.	
113	M566	32	—	1	Spontaneous	11 20	38	23	Partially separated placenta...	Routine	...	3	A.	
114	M579	39	—	1	Spontaneous	6 30	10	24	Partially separated placenta...	Expression ...	...	No	A.
115	M618	33	—	1	Spontaneous	72 25	—	24	Inertia ...	Routine	...	No	A.	
116	M637	34	—	2	Spontaneous	13 10	28	—	Partially separated placenta...	Expression	No	A.	

MANUAL REMOVAL OF PLACENTA

30 Cases.

No maternal death.

When there has been haemorrhage, all these patients have received ergometrine, usually 0.25–0.5 mg. intravenously, and morphia gr. $\frac{1}{4}$ hypodermically. Blood transfusion was started through a canula in all cases before the manual removal was carried out, except where indicated in the remarks column. In some cases amyl nitrite was required (6–9 minim. by inhalation), to obtain enough relaxation of the uterus for the removal to be done.

Case No.	Reg. No.	Age	Previous Pregnancies		Method of Delivery	Length of Labour				Indication	Amount of Bleeding oz.	Result of Morbid to Mother	Remarks	
			Before 28 wks.	After 28 wks. rity		1st Stage hr. m.	2nd Stage hr. m.	3rd Stage hr. m.						
BOOKED														
1	W 15	27	—	—	Spontaneous	...	28 30	1 15	3 30	Partially adherent placenta...	36	No.	A.	Shock present.
2	W 46	27	—	—	Spontaneous	...	23 0	3 10	4 30	Partially adherent placenta...	79	No	A.	Shock present.
3	W 94	23	—	—	Forceps	...	42 10	6 0	9 35	Adherent placenta ...	30	No	A.	Severe shock.
4	W 278	28	—	—	Spontaneous	...	11 0	1 0	2 5	Partially adherent placenta, haemorrhage	54	No	A.	
5	W 337	31	—	—	Forceps	...	46 50	6 5	7 0	Partially adherent placenta...	22	No	A.	Constriction ring.
6	W 343	31	—	—	Spontaneous	...	10 0	0 40	4 30	Retained placenta ...	30	No	A.	
7	W 353	37	—	1	Normal	...	7 20	0 5	4 5	Partially adherent placenta...	32	No	A.	
8	W 362	26	—	—	Forceps	...	31 15	2 40	0 5	Anaesthesia, haemorrhage ...	40	No	A.	
9	W 391	21	—	—	Forceps	...	51 0	4 5	0 2	Long labour, anaesthesia, haemorrhage	12	No	A.	
10	W 432	31	1	1	Normal	...	3 10	0 15	3 5	Retained placenta ...	30	No	A.	
11	W 463	29	—	—	Forceps	...	49 55	9 30	4 55	Adherent placenta ...	40	No	A.	Shock present.
12	M 17	23	—	—	Twins, L.O.A., R.S.A.	...	105 0	3 15	0 5	Long labour ...	20	Yes	A.	
13	M 326	25	—	—	Spontaneous	...	33 10	4 40	1 45	Partially adherent placenta...	30	Yes	A.	
14	M 401	32	—	—	Forceps	...	18 10	3 40	0 7	Haemorrhage ...	10	No	A.	Not transfused.
15	M 418	22	—	—	Spontaneous	...	40 45	0 45	2 0	Haemorrhage ...	58	No	A.	
16	M 419	29	—	—	Spontaneous	...	14 40	2 15	2 10	Partially adherent placenta ...	18	No	A.	Not transfused.
17	M 532	25	—	—	(1) Forceps	...	52 10	90 42	0 3	Long labour ...	10	Yes	A.	Not transfused.
18	M 535	32	—	—	(2) Forceps	...	152 15	1 0	0 5	Long labour, bleeding	18	No	A.	Not transfused.
19	M 543	25	—	1	(1) Spontaneous	...	9 25	3 30	0 10	Prophylactic ...	15	No	A.	
20	M 572	38	1	—	(2) Forceps	...	?	?	?	Retained ...	Slight	No	A.	Contraction ring, not transfused.
21	M 690	25	—	—	Born before arrival	...	31 0	2 15	0 8	...	Slight	No	A.	Not transfused.
22	M 696	24	—	—	Forceps	...	12 5	0 20	1 35	Prophylactic ...	Very	No	A.	
					Spontaneous	...				Partially adherent placenta...	slight	No	A.	
23	M 714	25	—	—	Spontaneous	...	32 15	0 25	2 30	Retained placenta ...	30	No	A.	
24	M 748	27	—	—	Spontaneous	...	13 30	2 10	2 35	Partially adherent ...	35	No	A.	Mild shock present.
25	M 793	29	—	—	(1) Spontaneous	...	10 15	1 20	1 30	(1) Placenta expelled	36 oz.	No	A.	
					(2) Spontaneous	...				(2) Retained	after first baby			

MANUAL REMOVAL OF PLACENTA—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	After 28 wks.	Maturity	Method of Delivery	Length of Labour			Indication	Amount of Bleeding oz.	Result of Morbid to Mother	Remarks			
							1st Stage hr. m.	2nd Stage hr. m.	3rd Stage hr. m.							
26	M826	23	—	1	41	Spontaneous	...	4 55	0 20	2 20	Constriction ring	...	15	No	A.	Not transfused.
27	M831	34	—	—	45	Severe inertia, extraction of macerated foetus	...	135 25	0 10	0 5	Long labour	...	4	No	A.	
NON-BOOKED																
28	W 14	36	—	—	40	Prolonged labour, spontaneous delivery	...	49 45	1 55	5 45	Partially adherent placenta, haemorrhage	...	76	No	A.	
PRIVATE																
29	W354	34	1	—	40	Cord prolapsed, forceps delivery	...	14 35	6 40	1 55	Retained placenta	...	10	No	A.	Not transfused.
30	M708	34	—	—	41	Normal	...	7 35	0 30	0 55	Retained placenta	...	8	No	A.	Not transfused.

TABLE 24
EXTERNAL VERSION BEFORE LABOUR
See out-patient treatment on page 12.

TABLE 25

SURGICAL INDUCTION OF LABOUR

Labour was induced 103 times, of which 81 were in Booked cases. The indications were · Pre-eclampsia, 34 cases ; previous large children, 8 cases ; Hypertension, 14 cases ; previous precipitate labour, 8 cases ; previous dystocia, 9 cases ; post-maturity, 14 cases ; unstable presentation, 1 case ; Rhesus antibodies, 4 cases ; ante-partum haemorrhage, 1 case ; breech presentation, 1 case ; others, 9 cases. No mother died. 3 foetuses were stillborn. No infant died. Foetal mortality was 3 per cent. The method of induction employed is the rupture of the fore-waters with a non-tooth artery forceps. Great care is taken not to introduce any antiseptic into the vagina, nor cause any bleeding from the cervix, to avoid altering the normal bacterial flora of the vagina.

Case No.	Reg. No.	Age Before 28 wks.	Previous Pregnancies After 28 wks.	Maturity	Indication	Method of Induction	I.D.I.	Method of Delivery	Duration of Labour		Weight of Child lb. oz.	Result M. C.	Remarks
									1st Stage hr. m.	2nd Stage hr. m.			
BOOKED													
1	W 19	35	—	1	Pre-eclampsia	...	15 50	Spontaneous...	5 50	0 10	5 10	A.	Post-partum mastitis.
2	W 38	22	—	1	Pre-eclampsia	...	31 50	Spontaneous...	12 35	0 30	8 14	A.	
3	W 45	25	—	1	Previous large child	...	11 10	Spontaneous...	4 30	0 25	8 8	A.	
4	W 54	27	—	—	Pre-eclampsia	...	16 40	Spontaneous...	14 10	0 55	6 13	A.	
5	W 63	27	—	1	Previous large child	...	13 5	Spontaneous...	6 25	0 45	8 9	A.	Previous induction, S.B. Previous S.B.
6	W 80	27	—	1	Rh incompatibility	...	72 0	Spontaneous...	6 50	0 40	6 4	A.	
7	W 95	33	1	1	Pre-eclampsia	...	6 30	Spontaneous...	6 0	0 30	6 12	A.	
8	W101	27	2	1	Pre-eclampsia	...	9 30	Spontaneous...	4 30	0 5	5 13	A.	
9	W129	20	—	—	Pre-eclampsia	...	13 40	Spontaneous...	8 5	1 10	7 6	A.	Inertia.
10	W143	35	—	—	Pre-eclampsia	...	28 5	Forceps	24 30	3 35	7 1	A.	
11	W163	30	—	2	Previous dystocia	...	9 45	Spontaneous...	8 15	0 55	8 3	A.	Previous normal labour.
12	W166	33	—	7	Post-maturity	...	14 25	Spontaneous...	20 10	0 5	7 7	A.	
13	W181	30	—	1	Post-maturity	...	30 30	Spontaneous...	2 55	0 15	9 0	A.	
14	W191	28	—	1	Pre-eclampsia	...	15 25	Spontaneous...	15 10	0 15	3 15	A.	
15	W227	24	—	—	Hypertension	...	39 40	Spontaneous...	8 0	1 55	6 10	A.	Inertia. All previous labours in duced.
16	W243	25	—	—	Pre-eclampsia	...	19 10	Forceps	49 50	4 30	8 12	A.	
17	W260	35	—	2	Pre-eclampsia	...	5 30	Spontaneous...	8 0	0 20	5 1	A.	
18	W269	28	—	2	Economic reasons	...	13 0	Spontaneous...	7 30	3 30	7 12	A.	C.S. for foetal distress. C.S. for foetal distress.
19	W282	24	—	1	Previous dystocia	...	24 15	Spontaneous...	9 15	0 15	6 9	A.	
20	W299	27	—	—	Pre-eclampsia	...	6 20	Spontaneous...	14 15	1 35	6 2	A.	
21	W306	31	—	1	Previous precipitate labour	...	2 35	Spontaneous...	1 10	0 10	8 3	A.	
22	W311	26	—	1	To prevent disproportion	...	54 0	Spontaneous...	8 40	0 40	7 3	A.	Double ureter.
23	W317	26	—	1	Previous precipitate labour	...	45 0	Spontaneous...	7 10	0 10	9 8	A.	
24	W320	33	—	2	Previous large children	...	16 20	Spontaneous...	5 0	0 10	8 0	A.	
25	W378	37	1	3	Post-maturity	...	72 0	Spontaneous...	9 5	0 20	8 1	A.	
26	W379	19	—	—	Pre-eclampsia	...	14 35	Spontaneous...	7 30	1 50	6 12	A.	C.S. for foetal distress. C.S. for foetal distress.
27	W392	34	1	—	Pre-eclampsia	...	48 0	C.S.	10 0	—	11 0	A.	
28	W415	37	—	—	Pre-eclampsia	...	21 30	C.S.	3 0	—	6 6	A.	
29	W427	23	1	—	Pre-eclampsia	...	24 0	Spontaneous...	17 15	0 35	4 10	A.	
30	W454	32	1	1	Persistent pyelitis	...	25 40	Spontaneous...	19 25	0 25	6 0	A.	Recurrent hypertension.
31	W476	34	—	—	Pre-eclampsia	...	48 0	Spontaneous...	11 20	0 20	7 9½	A.	
32	W505	33	—	2	Pre-eclampsia	...	7 days	Spontaneous...	5 45	0 10	7 11	A.	
33	W533	27	—	1	Post-maturity	...	4 35	Spontaneous...	4 5	0 30	7 3	A.	
34	W535	30	—	1	Post-maturity	...	6 55	Spontaneous...	6 30	0 25	8 0	A.	Double ureter.
35	W536	30	—	1	Previous large child	...	6 35	Spontaneous...	6 20	0 15	9 9	A.	
36	W539	32	—	1	Social reasons	...	3 50	Spontaneous...	3 40	0 20	7 1	A.	

SURGICAL INDUCTION OF LABOUR—continued

Case No.	Reg. No.	Age Before 28 wks.	Previous Pregnancies After 28 wks.	Indication	Method of Induction	I.D.I. hr. m.	Duration of Labour		Weight of Child lb. oz.	Result M. C.	Remarks
							1st Stage hr. m.	2nd Stage hr. m.			
37	W549	24	—	Pre-eclampsia	... ..	15 0	14 0	1 0	7 2	A. A.	Baby congenital heart disease.
38	M 11	26	1	Previous long labour, forceps delivery	A.R.M.	18 15	11 30	0 35	8 6	A. A.	
39	M 66	26	—	Pre-eclampsia	...	11 0	3 50	2 20	6 0	A. A.	Post-partum mastitis.
40	M130	22	—	Hypertension	...	6 15	3 50	0 25	6 12	A. A.	Pyelitis, anaemia.
41	M152	29	1	Previous large baby	...	14 30	13 50	0 40	7 11	A. A.	
42	M171	38	2	Previous precipitate labour	...	56 55	56 45	0 10	5 13	A. A.	
43	M186	26	—	Pre-eclampsia	...	7 50	7 10	0 40	7 6	A. A.	
44	M200	31	1	Previous child weighed 10 lb.	...	74 10	16 55	0 15	7 8	A. A.	
45	M205	28	—	Pre-eclampsia	...	16 15	15 25	0 50	5 3	A. A.	
46	M209	34	1	Post-maturity	...	60 15	6 10	0 5	5 5	A. A.	
47	M212	19	1	Post-maturity, hypertension	...	3 0	2 55	0 10	8 5	A. A.	
48	M227	36	2	Hypertension	...	42 15	6 15	0 8	6 9	A. A.	
49	M231	35	1	Hypertension, Post-maturity	...	24 17	4 30	0 47	7 15	A. A.	Recurrent Pre eclampsia.
50	M240	32	1	Hypertension	...	65 30	16 45	0 5	6 15	A. A.	Chronic hypertension.
51	M243	20	—	Post-maturity	...	7 5	6 15	1 15	7 9	A. A.	Recurrent hypertension.
52	M277	20	—	Essential hypertension	...	28 0	12 0	0 20	3 13	A. A.	
53	M324	22	—	Hypertension	...	27 30	12 45	0 45	5 12	A. A.	
54	M340	32	—	Pre-eclampsia	...	9 45	19 30	13 15	8 9	A. A.	
55	M350	26	2	Previous dystocia	...	6 35	16 30	0 15	8 0	A. A.	
56	M366	20	—	Pre-eclampsia	...	70 0	6 20	0 10	3 14	A. A.	
57	M371	28	2	Post-maturity	...	6 55	6 40	0 15	8 5	A. A.	
58	M379	32	1	Previous child 8 lb. 12 oz., complete tear	com-	11 10	9 45	0 5	7 15	A. A.	
59	M400	40	3	Post-maturity	...	21 25	14 30	0 5	8 1	A. A.	
60	M445	38	1	Pre-eclampsia	...	48 35	24 10	0 25	9 5	A. A.	P.P.H., phlebitis
61	M446	27	1	Previous precipitate labour	...	38 5	5 30	0 5	7 0	A. A.	
62	M487	26	1	Pre-eclampsia	...	10 20	2 45	0 35	7 10	A. A.	
63	M494	34	2	Previous rapid labour	...	68 0	3 0	0 45	7 15	A. A.	
64	M518	34	3	Previous rapid labours	...	12 days	1 45	0 10	6 0	A. A.	
65	M544	26	2	Post-maturity	...	25 25	4 20	0 20	7 13	A. A.	
66	M551	35	2	Previous rapid labour	...	3 25	3 5	3 15	7 8	A. A.	
67	M562	29	—	Breech presentation	...	41 10	12 30	1 50	6 12	A. A.	Hydramnios.
68	M613	22	1	Previous dystocia	...	94 35	15 25	—	8 4	A. A.	Foetal distress.
69	M647	31	4	Social grounds	...	9 55	9 45	0 10	6 9	A. A.	
70	M691	37	1	Post-mature	...	5 55	15 30	0 25	8 1	A. A.	
71	M697	25	1	Previous precipitate labour	...	32 40	3 20	0 20	7 0	A. A.	
72	M698	27	—	Pre-eclampsia	...	60 30	6 0	0 30	5 13	A. A.	
73	M705	32	2	Previous dystocia	...	165 20	8 35	0 15	7 8	A. A.	
74	M715	29	1	Pre-eclampsia	...	12 10	5 0	0 20	8 8	A. A.	Previous pregnancy normal.
75	M731	42	1	Persistent hypertension	...	3 35	6 10	0 25	9 14	A. A.	Hydramnios.
76	M740	22	1	Previous dystocia	...	45 0	3 50	0 10	7 5	A. A.	
77	M779	37	1	Large baby, overdue	...	27 0	6 55	3 30	9 13	A. A.	Forceps.
78	M795	40	2	Unstable presentation, previous dystocia	previous	83 0	5 0	0 15	5 0	A. A.	

SURGICAL INDUCTION OF LABOUR—continued

Case No.	Reg. No.	Previous Pregnancies		Indication	Method of Induction	I.D.I. hr. m.	Method of Delivery	Duration of Labour		Weight of Child lb. oz.	Result M. C.	Remarks
		Age Before 28 wks.	After 28 wks.					1st Stage hr. m.	2nd Stage hr. m.			
79	M801	28	—	Pre-eclampsia	...	23 0	Spontaneous...	7 40	0 20	8 4	A. A.	
80	M814	23	1	At term, previous large baby	...	4 45	Spontaneous...	1 10	0 5	7 15	A. A.	
81	M823	28	1	Hypertension	...	5 0	Spontaneous...	2 50	0 10	7 10	A. A.	Recurrent pre-eclampsia.
NON-BOOKED												
82	W 49	35	—	Pre-eclampsia	...	21 0	Spontaneous...	13 15	1 0	8 8	A. A.	Haemoglobin 60%.
83	M260	32	5	Hypertension	...	23 30	Spontaneous...	15 0	0 10	8 13	A. A.	
PRIVATE												
84	W140	25	—	Hypertension	...	44 0	Spontaneous...	45 30	2 10	6 10	A. A.	
85	W223	28	2	Economic	...	24 0	Spontaneous...	14 30	1 0	7 5	A. A.	
86	W261	23	—	Pre-eclampsia	...	12 10	Spontaneous...	7 15	0 5	6 14	A. A.	
87	W332	43	—	Pre-eclampsia	...	48 0	C.S. ...	—	—	5 4	A. A.	
88	W354	34	1	Pre-eclampsia	...	24 30	Forceps	14 35	6 40	8 6	A. A.	Inertia. Manual removal.
89	W358	29	—	? Subluxation of symphysis pubis	...	7 10	Spontaneous...	4 15	1 5	7 10	A. A.	
90	M 29	39	—	Social reasons	...	4 0	Spontaneous...	2 30	0 35	7 9	A. A.	
91	M117	30	—	Rh incompatibility	...	96 15	Forceps	10 45	1 45	6 0	A. A.	
92	M172	27	—	Economic, previous dystocia	...	11 10	Spontaneous...	9 15	0 10	7 9	A. A.	
93	M248	29	—	Hypertension	...	17 25	Spontaneous...	17 25	1 15	6 13	A. A.	
94	M253	34	—	Pre-eclampsia	...	12 0	Spontaneous...	11 30	0 20	3 6	A. A.	
95	M273	37	1	Rh incompatibility	...	50 0	Spontaneous...	3 15	0 50	7 5	A. A.	
96	M294	22	—	Hypertension, oedema	...	13 35	Spontaneous...	9 30	1 20	8 1	A. A.	
97	M351	36	—	Previous large babies	...	2 45	Spontaneous...	2 5	0 40	6 13	A. A.	
98	M437	22	—	Post-maturity	...	17 0	Spontaneous...	6 50	0 50	6 15	A. A.	
99	M439	29	2	A.P.H., hypertension	...	9 0	Spontaneous...	1 15	0 45	8 0	A. A.	
100	M545	33	—	Pre-eclampsia	...	52 45	Forceps	38 0	2 15	7 15	A. A.	
101	M637	34	2	Rh incompatibility	...	39 25	Spontaneous...	12 40	0 10	7 1	A. A.	
102	M727	24	—	Hypertension	...	14 20	Spontaneous...	13 0	1 50	6 13	A. A.	
103	M796	23	—	Maturity	...	36 15	Forceps rotation	33 30	2 30	8 11	A. A.	R.O.P. rotated.

TABLE 26

CAESAREAN SECTION

38 Cases.

No mother died. 2 children were stillborn, a foetal mortality of 5%.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks.	Matu- rity	Previous C.S.	Indication	Anaesthetic	Type of Operation	If Steri- lized	Duration 1st Stage hr. m.	Duration 2nd Stage hr. m.	Weight of Child lb. oz.	Result M.	C.	Morbid	Remarks
BOOKED																
1	W176	32	2	40	1	Bad history	General	Lower segment	No	—	—	7 12	A.	A.	No	First forceps, urinary fistula.
2	W246	23	—	37	—	Pre-eclampsia	Spinal	Lower segment	No	—	—	5 12	A.	A.	No	Twins, signs of primary inertia.
3	W267	28	—	40	—	Inertia	Spinal	Lower segment	No	65 30	—	6 10	A.	A.	No	Occipito-posterior.
4	W283	27	2	40	2	Contracted pelvis	Spinal	Lower segment	No	—	—	10 12	A.	A.	No	1948/W35, 1946/W256.
5	W292	34	1	41	—	Prolapsed cord	Spinal	Lower segment	No	2 0	—	8 13	A.	A.	No	Blood transfusion.
6	W390	42	—	36	—	Pre-eclampsia	Spinal	Lower segment	No	—	—	7 9	A.	A.	No	Blood transfusion.
7	W392	34	1	41	—	Foetal distress	Spinal	Lower segment	No	10 10	—	4 10	A.	A.	No	Verging on eclampsia.
8	W415	37	—	39	—	Foetal distress	Spinal	Lower segment	No	—	—	11 0	A.	S.B.	No	Inertia.
9	W530	34	—	38	—	Placenta praevia, type 3	Spinal	Lower segment	No	—	—	6 6	A.	A.	No	A.R.M. for pre-eclampsia.
10	W554	24	—	40	—	Disproportion	Spinal	Lower segment	No	17 5	—	6 4	A.	A.	No	Blood transfusion.
11	M 16	42	2	39	—	Contracted pelvis, recur- rent transverse lie	Spinal	Lower segment	No	—	—	7 5	A.	A.	No	Foetal distress.
12	M 74	37	1	40	—	Previous dystocia with S.B.	Spinal	Lower segment	No	—	—	5 4	A.	A.	Yes	Pulmonary embolism.
13	M216	30	—	41	—	Pre-eclampsia	General	Lower segment	No	—	—	7 12	A.	A.	—	Blood transfusion.
14	M269	28	—	41	—	Primary inertia	Spinal	Lower segment	No	60 40	—	5 14	A.	A.	—	Blood transfusion.
15	M272	32	2	40	—	Persistent transverse lie	Spinal	Lower segment	No	—	—	8 9	A.	A.	—	R.O.P.
16	M319	29	—	38	1	Breech, contracted pelvis	Spinal	Lower segment	No	—	—	6 10	A.	A.	—	Previous forceps, S.B.
17	M360	33	—	40	—	Disproportion	General	Lower segment	No	—	—	8 5	A.	A.	—	Bicornuate uterus.
18	M391	33	—	39	—	Breech, contracted pelvis	Spinal	Lower segment	No	—	—	7 3	A.	A.	—	Previous N.N.D.
19	M468	35	1	38	—	Persistent breech	Spinal	Lower segment	No	—	—	7 1	A.	A.	—	Kyphosis.
20	M503	28	1	41	—	Pre-eclampsia, disproportion	General	Lower segment	No	—	—	7 6	A.	A.	—	Previous forceps delivery of 5½ lb. child.
21	M533	26	—	41	—	Impending rupture of uterus	Spinal and general	Lower segment	No	48 30	—	8 6	A.	A.	—	Blood transfusion.
22	M613	22	1	38	—	Foetal distress	Spinal	Lower segment	No	15 25	—	6 14	A.	A.	—	Cervix ½ dilated.
23	M596	25	—	37	—	Pre-eclampsia	General	Lower segment	No	—	—	8 4	A.	A.	Yes	—
24	M664	32	—	40	—	Prolapsed cord	Spinal	Lower segment	No	2 30	—	6 10	A.	A.	—	—
25	M717	33	1	40	1	Contracted pelvis	Spinal	Lower segment	No	—	—	6 9	A.	A.	Yes	2 forceps, 1 S.B., 1 died.
26	M735	34	1	40	—	Pre-eclampsia, disproportion	General	Lower segment	No	—	—	5 12	A.	A.	—	Inertia syndrome.
27	M775	37	—	42	—	Contracted outlet, inertia	Spinal	Lower segment	No	52 25	—	9 11	A.	A.	—	Trial labour.
28	M807	28	—	44	—	Foetal distress	Spinal	Lower segment	No	3 0	—	7 10	A.	A.	—	Inertia syndrome.
29	M827	37	1	39	1	Disproportion	Local	Lower segment	No	—	—	7 0	A.	A.	—	—
												6 3	A.	A.	—	—

CAESAREAN SECTION—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. 28 wks.	Matu- rity	Previous C.S.	Indication	Anaesthetic	Type of Operation	If Steri- lised	Duration 1st Stage hr. m.	Duration 2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Morbid	Remarks
NON-BOOKED															
30	W 29	35	—	44	—	Inertia ...	...	Spinal	No	4 days	—	7 9	A. A.	No	Inertia. Membranes ruptured 33 hrs. Failed forceps, face presenta- tion, B.A.
31	W 81	29	—	39	—	Inertia ...	...	Spinal	No	32 20	—	4 11	A. A.	Yes	
32	W162	27	—	39	—	Contracted pelvis	...	Spinal	No	78 0	—	7 2	A. A.	No	
33	W193	44	—	40	—	Inertia ...	...	Spinal	No	25 15	—	6 11	A. A.	No	
34	M346	29	—	41	—	Contracted pelvis	...	General	No	13 10	—	9 2	A. M.	No	
35	M376	34	—	40	—	Disproportion	...	Spinal	No	55 0	—	6 2	A. A.	No	
PRIVATE															
36	W332	43	—	37	—	Pre-eclampsia, inertia	...	Spinal	No	—	—	5 4	A. A.	No	No pains 2 days after A.R.M. Inertia.
37	M122	34	1	38	—	Prolonged labour, twin pregnancy	...	Spinal	No	67 15	—	5 8	A. A.	No	
38	M338	36	—	40	—	Inertia ...	...	Spinal	No	25 30	—	6 12	A. A.	No	High head.

TABLE 27

FORCEPS DELIVERY

Forceps were applied 85 times, including two sets of twins (54 Booked, 7 Non-Booked, 22 Private cases). There was one maternal death. In 54 Booked cases there were 9 stillbirths, a foetal mortality of 16%. In Non-Booked cases there was no infant mortality. In 22 Private cases there was one stillbirth, a foetal mortality of 4.5%. There was not any neo-natal death. The total foetal and infant mortality in forceps cases was 11.8%.

Case No.	Reg. No.	Age	Previous Pregnancies Before After 28 wks. 28 wks.	Matu- rity	Indication	Duration of 1st Stage hr. m.	2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Remarks
BOOKED										
1	W 94	23	—	41	Transverse arrest, L.O.L....	42 10	6 0	7 8	A.	Obstetric shock.
2	W126	36	—	37	Transverse arrest, L.O.L....	22 0	3 5	6 3	A.	Kielland's forceps.
3	W143	35	—	38	R.O.P. unrotated ...	24 30	3 35	7 1	A.	Disproportion at outlet.
4	W164	26	—	40	Delay ...	4 20	4 5	7 14	A.	
5	W175	38	—	40	Dead foetus, no advance	42 0	1 45	9 10	A.	Cord prolapsed in first stage of labour.
6	W219	34	—	40	Delay ...	58 15	4 50	6 11	A.	Inertia.
7	W222	24	—	43	P.O.P. ...	47 30	2 20	8 5	A.	
8	W232	26	—	41	Transverse arrest ...	26 10	3 25	8 9	A.	Rotation failed, complete tear.
9	W243	25	—	41	Transverse arrest ...	49 50	4 30	8 12	A.	Easy rotation, difficult extraction.
10	W337	31	—	42	Transverse arrest, L.O.P....	46 50	6 5	9 1	A.	Kielland's forceps.
11	W362	26	—	42	Transverse arrest, hand by head...	31 15	2 40	8 3	A.	Manual rotation.
12	W391	21	—	40	Transverse arrest, R.O.P.	51 0	4 5	7 3	A.	Kielland's forceps.
13	W412	32	—	40	Inertia, delay ...	50 20	2 55	9 3	A.	Contracted outlet.
14	W424	35	2	38	Foetal distress ...	2 45	0 25	8 0	A.	
15	W437	28	—	40	Foetal distress, R.O.P. ...	13 55	0 50	6 8	A.	Kielland's rotation.
16	W457	26	—	40	Foetal distress ...	17 10	1 5	8 2	A.	Trial labour.
17	W463	29	—	40	Transverse arrest, R.O.P.	49 55	9 30	8 1	A.	Deflexed head.
18	W507	34	—	39	Delay, foetal distress ...	96 0	3 40	8 9	A.	Inertia.
19	W534	29	1	40	Delay, rigid soft parts ...	5 0	3 0	8 4	A.	Pudendal block.
20	M 12	27	—	40	Delay, transverse arrest ...	9 40	2 30	8 15	A.	Large deflexed head.
21	M 17	23	—	42	Delay ...	105 0	3 15	5 9	A.	
22	M 51	28	1	40	Delay, transverse arrest ...	22 30	7 15	9 10	A.	Kielland's rotation.
23	M108	28	—	39	Weak pains, mild outlet contraction	29 0	5 30	7 1	A.	
24	M125	28	—	40	Maternal distress. Acute massive pulmonary oedema with collapse in first stage	15 50	2 20	8 15	D. S.B.	Local anaesthesia.
25	M145	25	—	45	Rigid soft parts, delay ...	66 45	7 35	10 6	A.	Cord prolapsed.
26	M252	34	—	41	L.O.P. delay, P.O.P. ...	24 45	3 45	7 0	A.	
27	M302	26	—	42	Foetal distress ...	11 15	2 25	8 14	A.	
28	M401	32	—	40	Delay, rigid soft parts ...	18 10	3 40	6 15	A.	Manual removal.
29	M443	27	—	42	Maternal and foetal distress	25 15	1 14	7 3	A.	
30	M473	28	—	44	Foetal distress, L.O.A. ...	8 25	2 10	8 13	A.	Notifiable pyrexia.
31	M496	28	—	43	Delay, persistent posterior	14 20	2 5	8 10	A.	Forceps rotation.
32	M504	26	—	41	Foetal distress ...	5 30	1 30	8 0	A.	
33	M532	25	—	41	Primary and secondary inertia ...	52 10	90 42	7 1	A.	Manual rotation, first twin.
34	M535	32	—	43	Prolonged labour, transverse arrest	152 15	1 0	8 0	S.B. A.	Kielland's rotation.
35	M539	23	—	40	Foetal distress, L.O.P. ...	13 55	0 53	7 2	A.	Kielland's rotation.
36	M540	36	—	40	Prolonged labour ...	101 35	0 47	7 14	A.	
37	M543	25	1	38	Transverse arrest ...	9 25	3 30	5 15	A.	Second twin.
38	M564	29	—	40	Delay, persistent posterior	21 20	3 5	9 3	A.	Kielland's rotation.
39	M575	39	—	40	Poor pains, small outlet ...	30 0	10 30	7 12	A.	
40	M581	27	—	40	Prolonged labour ...	125 0	0 6	8 11	A.	

FORCEPS DELIVERY—continued

Case No.	Reg. No.	Age	Previous Pregnancies Before After 28 wks. 28 wks.	Maturity	Indication	Duration of 1st Stage hr. m.	2nd Stage hr. m.	Weight of Child lb. oz.	Result M. C.	Remarks
41	M585	28	—	40	Pre-eclampsia, delay	6 45	1 15	6 12	A. A.	Twins, second posterior.
42	M610	21	—	40	Transverse arrest	45 0	2 30	6 7	A. A.	Kielland's rotation.
43	M629	27	—	40	Rigid soft parts	15 0	2 50	7 15	A. A.	
44	M646	32	—	40	Contracted outlet	11 40	2 15	8 1	A. A.	
45	M653	45	1 3	40	Face presentation, foetal distress	6 0	0 50	6 9	A. A.	
46	M690	25	—	41	Persistent posterior, foetal distress	31 0	2 15	8 2	A. A.	P.O.P.
47	M706	26	—	41	Rigid soft parts	8 30	2 45	9 11	A. A.	Trial labour.
48	M712	41	—	42	Prolonged labour	66 30	1 40	6 12	A. A.	Cervix torn.
49	M734	30	1	39	Prolonged labour	77 15	1 25	7 7	A. A.	L.O.P. rotated spontaneously.
50	M779	37	1	40	No advance	6 55	3 30	9 13	A. A.	Hydrannios, A.R.M.
51	M785	37	—	42	Maternal distress	27 30	1 10	7 5	A. A.	Kielland's rotation.
52	M831	34	—	45	Prolonged labour	135 25	0 10	8 13	A. M.	Intra-uterine death.
53	M832	24	—	41	Delay	12 35	3 25	8 5	A. A.	Wrigley's forceps.
54	M837	33	1	38	Prolonged 2nd stage	46 35	3 25	8 5	A. A.	Foetal distress.
NON-BOOKED										
55	W109	29	—	41	Foetal distress, rigid soft parts	15 50	4 0	9 3	A. A.	Admitted after 36 hrs. labour.
56	W380	33	1	40	Prolonged labour, delay	53 15	4 5	7 5	A. A.	
57	W425	19	—	41	R.O.L., transverse arrest	6 0	2 45	8 0	A. A.	
58	M 4	28	—	40	Rigid soft parts, R.O.P.	3 15	3 30	6 13	A. A.	
59	M 53	21	—	40	Foetal distress, R.O.P.	64 0	6 15	7 10	A. A.	Delivered P.O.P.
60	M438	37	—	41	Slow advance, R.O.P.	51 45	2 40	7 14	A. A.	Wrigley's forceps, P.O.P.
61	M594	26	—	40	Slow advance, L.O.P.	3 0	2 35	7 7	A. A.	admitted in second stage labour.
PRIVATE										
62	W 73	27	1	41	Rigid soft parts	7 40	2 20	6 0	A. A.	Kielland's rotation.
63	W174	29	1	41	L.O.L., transverse arrest	33 30	3 25	8 2	A. A.	
64	W354	34	1	40	Delay, prolapse of cord	14 35	6 40	8 6	A. A.	
65	M112	28	—	40	Delay, maternal distress	64 40	4 30	7 1	A. A.	
66	M117	30	—	39	Long labour	70 45	1 45	6 0	A. A.	Kielland's rotation.
67	M123	26	—	42	R.O.P., transverse arrest	28 30	0 30	10 7	A. A.	
68	M265	29	—	40	Delay, posterior position	12 45	2 55	7 9	A. A.	
69	M351	36	—	38	Maternal distress	2 5	0 40	6 10	A. A.	
70	M408	27	—	40	Delay	24 50	1 45	8 2	A. A.	A.R.M., two previous forceps.
71	M422	31	—	40	Rigid soft parts	19 30	1 42	6 7	A. A.	P.P.H. 32 oz.
72	M451	39	1	40	Transverse arrest	16 20	2 50	7 10	A. A.	Kielland's rotation.
73	M508	23	—	39	Rigid soft parts	11 10	2 15	6 11	A. A.	Notifiable pyrexia.
74	M545	33	—	40	Rigid soft parts	38 0	2 15	7 15	A. A.	Pre-eclampsia, A.R.M.
75	M549	40	—	41	No advance, rigid soft parts	50 0	2 0	7 4	A. A.	Manual rotation.
76	M588	29	—	40	Maternal distress	21 30	1 20	7 3	A. A.	
77	M591	38	2	40	Delay, posterior position	15 35	2 35	8 14	A. A.	
78	M611	34	1	40	Foetal heart not heard	12 45	0 50	7 9	A. A.	
79	M622	23	—	41	Weak contractions	5 45	1 55	7 1	A. A.	Wrigley's forceps.
80	M625	27	—	40	Rigid soft parts	13 25	2 0	8 8	A. A.	Kielland's rotation.
81	M700	25	1	40	Posterior position, delay	15 15	3 20	7 10	A. A.	Wrigley's forceps.
82	M780	27	—	40	Foetal distress	4 6	1 30	6 10	A. A.	Kielland's rotation.
83	M796	23	—	40	R.O.P., transverse arrest	33 30	2 30	8 11	A. A.	

TABLE 28

VERSION IN LABOUR

No case

TABLE 29

EMBRYOTOMY AND CRANIOTOMY

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Maturity	Indication	Type of Pelvis	Duration of Labour		Type of Operation	Weight of Child lb. oz.	Result to Mother	Remarks
NON-BOOKED												
1	W541	20	—	1	38	Hydrocephaly	...	Normal	9 15 5 0	Perforation of vertex	5 10+ A.	Perforation when cervix $\frac{3}{8}$ dilated.

TABLE 30

PUERPERAL PYREXIA (GENITAL INFECTION)

All cases of pyrexia and maternal deaths are included as morbid. In 1,170 Booked deliveries there were 29 cases of pyrexia. The morbidity rate for Booked cases was therefore 2.5%. In 47 Non-Booked cases there were 2 cases of pyrexia. The morbidity rate for Non-Booked cases was therefore 4.3%. In 136 Private cases there were 2 cases of pyrexia. The morbidity rate for Private cases was 1.3%. The morbidity rate for all cases was 2.1%.

As in previous years the standard of pyrexia has been a temperature of 100.4° F. or more on two occasions after 24 hours and within 21 days of delivery. Should one such reading occur, or the pulse rate be raised, the patient's temperature and pulse are recorded four-hourly.

Case No.	Reg. No.	Age	Previous Pregnancies Before 28 wks. After 28 wks.	Maternity	Method of Delivery Operation, Induction, Manual Removal, etc.	Cause of Pyrexia	Duration of Pyrexia in days	Organisms, if known	Treatment	Result	Remarks
BOOKED											
1	W 94	23	—	41	Forceps delivery, manual removal of placenta	Uterine infection	...	Ch. Welchii ...	...	...	P.P.H., blood transfusion.
2	W203	17	—	39	Spontaneous	Uterine infection	...	Haem. Strep. A	...	...	...
3	W464	22	—	43	Spontaneous, episiotomy	Uterine infection	...	Cultures negative	Penicillin	...	A.
4	M 51	28	1	40	Forceps	Uterine infection	...	Haem. Strep. C	...	...	A.
5	M125	28	—	40	Low forceps	Not pyrexial	—	—	Sulphamezathine, therapy	...	A.
6	M162	28	1	40	Spontaneous	Uterine infection	...	Haem. Strep. D	Oxygen, atropine	...	D.
7	M423	28	—	40	Spontaneous, secondary suture of perineum	Perineal abscess	...	Staph. aureus, Welchii	Sulphamezathine, penicillin...	...	A.
8	M473	28	—	44	Forceps	Perineal sepsis	...	Haem. Strep. D	Streptomycin	...	A.
9	M532	25	—	41	Forceps	Perineal infection	...	Staph. aureus	Sulphamezathine, penicillin...	...	A.
NON-BOOKED											
10	W 81	29	—	2	Caesarean (lower segment)	Uterine infection	...	Staph. aureus and B. coli	Penicillin, sulphamezathine...	A.	Pyrexial on 2nd and 3rd days only. Also urinary infection.

TABLE 31

PUERPERAL PYREXIA (EXTRA-GENITAL INFECTION)

Case No.	Reg. No.	Age	Previous Pregnancies		Matu rity	Method of Delivery Operation, Induction, Manual Removal, etc.	Cause of Pyrexia	Duration of Pyrexia in days	Organisms, if known	Treatment	Result	Remarks
			Before 28 wks.	After 28 wks.								
BOOKED												
1	W 38	22	—	1	40	Normal after surgical induction	Breast abscess	...	3	Staph. aureus	...	Sulphamezathine, penicillin... A. Breast abscess aspirated.
2	W210	25	—	—	42	Spontaneous, episiotomy...	Urinary infection	...	1	B. coli	...	Sulphamezathine ... A.
3	W460	31	—	—	38	Spontaneous, episiotomy...	Mastitis	...	2	Haem. Strep. A.	...	Sulphatriad ... A.
4	M 16	42	—	2	39	Lower segment, Caesarean Section	Pulmonary embolism	...	3	—	...	Heparin I.V. drip, morphia A.
5	M 30	34	—	—	40	Spontaneous	Breast abscess	...	5	Staph. aureus	...	Penicillin ... A.
6	M 66	26	—	—	40	Spontaneous, following induction	Interstitial mastitis...	...	5	Staph. aureus	...	Sulphamezathine, penicillin... A.
7	M258	19	—	—	40	Spontaneous	Engorged breasts	...	2	—	...	Stilboestrol and sulphamezathine A.
8	M353	24	—	2	40	Spontaneous	Interstitial mastitis...	...	5	Staph. aureus	...	Penicillin, sulphamezathine... A.
9	M363	26	—	—	39	Spontaneous	Broncho-pneumonia	...	13	—	...	Penicillin, sulphamezathine, blood transfusion A.
10	M375	21	—	—	40	Prolonged labour	Urinary infection	...	5	B. coli	...	Sulphamezathine ... A.
11	M416	36	1	—	41	Spontaneous	Parenchymatous mastitis	...	7	—	...	Penicillin, sulphamezathine... A.
12	M419	29	—	1	40	Spontaneous, manual removal	Interstitial mastitis...	...	3	—	...	Penicillin, sulphamezathine... A.
13	M420	33	—	—	40	Spontaneous	Abscess thigh	...	5	—	...	Penicillin ... A.
14	M445	38	—	—	40	Pre-eclampsia, induction, P.P.H.	Phlebitis	...	8	Faecal strep.	...	Sulphamezathine ... A.
15	M461	23	—	—	40	Spontaneous	Mastitis	...	5	Staph. aureus	...	Penicillin ... A.
16	M488	21	—	—	38	Spontaneous	Bacteraemia	...	24	B. faec. alk.	...	Penicillin, sulphamezathine, streptomycin A.
17	M721	25	—	—	39	Spontaneous, P.P.H.	Urinary infection	...	4	B. coli	...	Penicillin, sulphamezathine... A.
18	M825	24	—	—	37	Spontaneous, complete tear	Urinary infection	...	6	Staph. aureus	...	Sulphatriad ... A.
19	M829	44	—	2	39	Precipitate ...	Urinary infection	...	2	B. coli	...	Sulphatriad ... A.
20	M830	24	—	—	41	Spontaneous	Urinary infection	...	15	B. coli	...	Sulphatriad ... A.
NON-BOOKED												
21	W110	25	—	—	41	Spontaneous, episiotomy...	Urinary infection	...	3	B. coli	...	Sulphamezathine ... A.
PRIVATE												
22	M 88	30	—	1	40	Spontaneous	Mastitis	...	3	Staph. aureus	...	Penicillin ... A.
23	M508	23	—	—	39	Forceps	Mastitis	...	4	Staph. aureus	...	Sulphamezathine, penicillin... A.

Notification omitted.

MATERNAL DEATH

Case No. 1. Reg. No, M125. Mrs. E. S., aged 28, booked early in pregnancy.

She was a healthy looking woman 5 ft. 5 in. tall and weighing 9 st. 9 lb. There was no rheumatic or nephritic history ; but she had been treated for pulmonary tuberculosis six years previously, spending six months in a sanatorium, and being treated by phrenic avulsion. The disease had healed, but, on the advice of her physicians, she had waited for the first three years of her married life before they had agreed that pregnancy was permissible.

When pregnancy was advanced to thirty weeks, the physicians were satisfied with the patient's clinical and radiological condition. At booking, her haemoglobin was estimated to be 78 per cent. normal, the red blood cells were Rhesus negative, she belonged to group O (4), and the Kahn Test and Wasserman Reaction were negative. The patient showed no clinical signs of disease during pregnancy, her urine was always free from albumen, and the diastolic blood pressure never exceeded 70 mm.Hg. Three days before the onset of labour the blood pressure measured 120/68 mm.Hg., and there was no albumen in the urine.

The patient was admitted at term in labour two hours after the onset of pains. The head was well engaged in the pelvis, the cervix admitted one finger, and pains were not well established. The urine contained a trace of albumen, and blood pressure was 120/84 mm.Hg. The patient was given an enema and bath and settled off to sleep after a hypodermic injection of heroin gr. $\frac{1}{6}$. At the eighth hour of labour the pains were still not well established, but the patient vomited. Ten hours after the onset the pains became regular every three minutes. The patient was distressed, and was given 150 mgms. pethidine intramuscularly. At twelve hours the patient's pulse rate rose from 80 to 120 per minute, she became cyanosed, and the lungs became moist, although the pulse was strong and regular. The head was low, the cervix was now three fingers dilated, but the foetal heart could not be heard. The pains were strong. Because of the oedema of the lungs and cyanosis, the patient was given atropine gr. 1/50 and morphia. She was placed in an oxygen tent, and her condition improved considerably. Fifteen hours after the onset of labour, urine withdrawn by catheter was blood-stained, contained a heavy cloud of albumen, and microscopically there were a few red blood cells, much red cell debris, a moderate number of blood casts, and a few hyaline casts. There was no excess of leucocytes.

The patient held her own in the oxygen tent, and labour progressed. At eighteen hours the foetal scalp was visible, and episiotomy was performed under local anaesthesia. The patient's condition improved, and her pulse rate fell from 136 to 120. The labour progressed slowly, but at twenty-four hours, local anaesthesia was produced by peri-vulval infiltration and pudendal block, and the macerated baby was delivered with forceps, the patient remaining in the oxygen tent. The baby weighed 8 lb. 15 oz. Bleeding totalled about 18 ounces. The perineum was rapidly repaired, and the patient was given morphia, gr. $\frac{1}{4}$, atropine gr. 1/100, and ergometrine 0.5 mgms. The patient's condition thereafter improved. Twelve hours after delivery she was still in the oxygen tent, and her blood pressure measured 92/68. She was passing urine freely, and it still contained a little albumen and a few hyaline casts. Thirty-six hours after delivery her condition was better, and the oxygen tent was lifted for half-an-hour without ill effect. At forty-five hours the patient felt faint, cyanosis returned, and the lungs became moist, while there were severe bouts of coughing with expectoration of frothy mucus. The patient died forty-seven hours after delivery.

Post-mortem examination showed about 8 ounces of serous yellow fluid in each pleural cavity. The left lung showed healed fibro-caseous tuberculosis just below the left apex, and there were numerous adhesions of the left pleura. The right lung showed general emphysema, and both lungs were oedematous. Pericardial fluid was increased over the normal amount, the myocardium was flabby, and both the right and left heart were dilated. Liver and spleen were both considerably enlarged and grossly congested. Uterus and pelvis were normal. Death was due to cardiac failure following acute oedema of the lungs.

The patient had never been pyrexial, and the final picture was undoubtedly one of circulatory failure causing acute pulmonary oedema. At the onset spontaneous pneumothorax seemed likely, and it was very difficult to exclude this condition in a woman having frequent labour pains. It is regretted that venesection was not tried.

ANALGESIA

In the first stage of labour, drugs were freely used. Patients in whom labour was likely to last more than twelve hours were given morphia gr. $\frac{1}{4}$ or heroin gr. $\frac{1}{8}$, especially to give them sleep during the night hours. When the first stage appeared to have only a few hours to run, pethidine 150 mgms. was given by intramuscular injection.

Further injections of 100 mgms. were given if necessary in long labours.

In the second stage, gas and air mixture was given to all patients by means of the Minnitt or Queen Charlotte's Hospital machine. In a few cases trichlorethylene was given with Friedman's inhaler.

ANAESTHESIA

For episiotomy and perineal repair, local anaesthesia was used in all cases in which general anaesthesia had not already been needed for other procedures. One per cent. procaine with a few drops of adrenaline solution was used to infiltrate the tissues.

For forceps delivery, unless rotation of the head was required or other difficulty was expected, local anaesthesia was used. The vulval area was surrounded with the same anaesthetic solution, and each pudendal nerve was blocked in the region of the ischial spine. General anaesthesia, gas and oxygen with sometimes a little cyclopropane, trilene or ether, was administered in the remaining cases by the hospital anaesthetists. Anaesthesia was always very light so as not to abolish uterine contractions. As soon as the baby was delivered, the mother was given morphia gr. $\frac{1}{4}$. For manual removal of the placenta, gas and oxygen with a little cyclopropane, trilene or ether were used. All these patients were given morphia and ergometrine and an intravenous infusion of saline or blood was usually set up before anaesthesia was induced. Many of the patients were given amyl nitrite 4–8 minims put into the anaesthetic inhaler to relax the contraction of the lower uterine segment to allow the operator to introduce his hand. The choice of anaesthetic for Caesarean section has depended on the patient's condition, both general and obstetric, and on the preference of the anaesthetist.

The 38 cases of Caesarean Section were anaesthetized as follows :—

Spinal anaesthesia	...	...	...	30 cases
General anaesthesia	...	...	...	7 cases
Local anaesthesia	...	...	...	1 case

For the spinal anaesthetic, all the instruments and materials were autoclaved, and 1.5 ccs. of heavy nupercaine were injected with the patient lying in the left lateral position. In some of these patients under spinal anaesthesia, amyl nitrite inhalation was needed to relax the uterus for the baby to be extracted.

II. THE PÆDIATRIC SECTION

INTRODUCTION

The babies all occupy cots in nurseries apart from the mothers. The Paediatrician is responsible for the medical care of all the babies, and he does complete ward rounds twice a week. Normal infants are breast fed every four hours from birth, omitting the night feed. There is not a permanent premature nursery because of the small number of premature babies ; but when it is needed, a small ward is adapted for the purpose. Oxygen tents are freely used for premature and ill babies.

The preparation of the expectant mother's breasts for lactation consists in simple hygiene during the last two months of pregnancy by merely washing, drying and anointing the nipples with lanoline or olive oil. If the nipples are flat, they are gently moulded. If a nipple is inverted, the mother wears a glass shell during the last four weeks of pregnancy. The ante-natal expression of secretion employed so successfully by Dr. H. K. Waller is only advised for women who have previously failed to breast feed, and who are willing to carry it out.

Test weighing is done if the baby fails to gain weight after the initial loss. Glass shells are used for engorged breasts, and in some cases stilboestrol is administered during the painful stage.

INFANT FEEDING

	Booked		Non-Booked		Private	
	No.	%	No.	%	No.	%
Number of infants discharged during the year 1949 ...	1,165		45		135	
Number breast fed ...	1,088	93.4	40	88.8	125	92.6
No. mixed feeding ...	60	5.1	1	2.2	7	5.2
Number artificial feeding ...	17	1.5	4	9.0	3	2.2

				Booked and Non-Booked	
				No.	%
Number of children whose mothers attended post-natal clinic ...	...	...	...	994	
Breast feeding ...	...	...	...	801	80.6
Mixed feeding ...	...	...	...	85	8.6
Artificial feeding ...	...	...	...	108	10.8

TABLE 32
STILLBIRTHS

29 Cases.

A stillborn child is defined as one born at or after the completion of the 28th week of pregnancy and which fails to breathe. The stillbirth rate for Booked cases was 19.4 per 1,000 for Non-booked cases, 82 per 1,000 ; for Private cases, 14.6 per 1,000 ; and for all In-patients 20.8 per 1,000 viable births.

Case No.	Reg. No.	Maturity		Sex	Method of Delivery	Fresh or Macerated	Maternal Factors		Foetal Factors		P.M. Findings		Remarks and (probable) Cause of Death
		Weight lb. oz.	Footus										
BOOKED													
1	W 56	4 8	40	M.	Vertex, unaided	...	Hydramnios ...	...	Intra-uterine death	...	Not done	...	Spina bifida.
2	W143	7 1	38	F.	Forceps	...	Pre-eclampsia	...	—	...	Sub-arachnoid haemorrhage	...	Small outlet.
3	W175	9 10	40	M.	Forceps	...	Pre-eclampsia	...	Prolapsed cord	...	Not done	...	Prolapse of cord.
4	W243	8 12	41	M.	Forceps	...	Inertia, pre-eclampsia	...	—	...	S.b arachnoid haemorrhage	...	Small outlet.
5	W392	11 0	41	M.	Caesarean	...	Inertia, pre-eclampsia	...	—	...	Not done	...	Long labour.
6	W398	6 0	41	M.	Forceps for after-coming head	...	Pre-eclampsia	...	—	...	Respiratory obstruction.	...	
7	W469	5 12	40	M.	Breech	...	Hydramnios ...	...	—	...	Wilm's tumour	...	Cerebral haemorrhage.
8	W475	3 8	37	F.	Vertex, unaided	...	Pre-eclampsia	...	Intra-uterine death	...	Not done	...	Toxaemia.
9	W507	8 9	39	F.	Forceps	...	Hypertension, inertia	...	—	...	Nil abnormal	...	Long labour.
10	M 46	2 0	30	F.	Spontaneous	...	—	...	Mon-ammotic twins	...	Not done	...	Strangulation of umbilical cords.
11		2 4	30	F.	Spontaneous	...	—	...		...	Asphyxia	...	Placental separation.
12	M 96	2 15	30	F.	Spontaneous	...	Accidental A.P.H.	...	—	...	Asphyxia	...	Maternal asphyxia.
13	M125	8 15	40	F.	Forceps	...	Pulm. Tb., acute oedema of lungs	...	—	...	Asphyxia	...	
14	M145	10 6	45	M.	Forceps	...	Disproportion	...	—	...	Not done	...	Long labour.
15	M218	3 8	39	M.	Spontaneous	...	—	...	Congenital defect	...	Absence of renal tract	...	Third stillbirth no live child.
16	M303	4 6	39	M.	Spontaneous	...	Movements ceased 8 days	...	—	...	Not done	...	Intra-uterine death.
17	M308	8 6	42	F.	Vertex assisted	...	—	...	Prolapsed cord	...	Not done	...	Cord replacement failed.
18	M532	8 0	41	M.	Forceps	...	Inertia	...	Second twin	...	Not done	...	Delay in labour.
19	M536	5 6	40	F.	Breech, unaided	...	—	...	Congenital defects	...	Heart and kidney defects	...	Congenital heart disease.
20	M543	5 13	38	F.	L.O.P. forceps	...	Flat pelvis	...	Second twin delay	...	Intracranial haemorrhage.	...	Also talipes.
21	M547	6 0	40	M.	Spontaneous	...	—	...	—	...	Nil abnormal	...	Obscure A.P.H.
22	M759	4 3	38	F.	Spontaneous	...	Pre-eclampsia	...	Macerated	...	Nil abnormal	...	Toxaemia.
23	M831	8 0	45	M.	Manual extraction...	...	Inertia...	...	Post-maturity	...	Nil abnormal	...	Dead 6 days.
NON-BOOKED													
24	W 77	8 3	39	M.	Spontaneous breech	M.	Rh. anti-bodies	...	Intra-uterine death	...	Erythroblastosis	...	Erythroblastosis.
25	W434	3 9	36	M.	Normal	...	Pre-eclampsia...	...	Prematurity	...	Asphyxia	...	Prematurity.
26	W541	5 10	38	F.	Spontaneous	...	—	...	Hydrocephaly	...	Hydrocephaly	...	Craniotomy.
27	M346	9 2	41	M.	Caesarean Section	...	Contracted pelvis	...	Face presentation	...	Not done	...	Admitted after failed forceps.
28	M478	5 13	37	F.	Normal	...	Severe toxaemia	...	Placental separation	...	Not done	...	Accidental A.P.H.
29	M611	7 9	44	F.	Forceps	...	—	...	—	...	Cerebral haemorrhage.	...	

TABLE 33
NEO-NATAL DEATHS
6 Cases.

The infant death rate for Booked cases was 3.4 per 1,000 ; for Non-booked cases, 44.4 per 1,000 for Private cases, 0 per 1,000 ; and for all In-patients 4.4 per 1,000 live births. All these babies died within four days of birth.

Case No.	Reg. No.	Birth Weight lb. oz.	Maturity of Foetus	Sex	Method of Delivery	Maternal Factors	Complications in Infant	P.M. Findings	Age at Death	Method of Feeding	Remarks and (probable) Cause of Death
BOOKED											
1	M246	8 3	42	M.	Vertex	—	Intestinal obstruction	...	...	Parenteral	Operation unsuccessful.
2	M567	7 11	39	F.	Vertex	—	Intestinal obstruction	...	...	—	Operation unsuccessful.
3	M572	1 3	24	F.	B.B.A.	Chr. hypertension	Prematurity	...	...	—	Extreme prematurity.
4	M746	5 0	38	M.	Breech	—	Congenital defect	...	...	—
NON-BOOKED											
5	W108	7 0	40	M.	Vertex	Rh. negative	—	Absence of left half of diaphragm	17 mins.	—	Diaphragmatic hernia.
6	M222	2 1	27	F.	Vertex	—	—	Not done	5 hrs.	—	Extreme prematurity.

TABLE 34

PREMATURE LIVE INFANTS

50 Cases

All infants weighing 5 lb. 8 oz. or less at birth are included in this table. Stillbirths are excluded. Of 40 Booked cases, 2 died ; of 2 Non-Booked cases, none died ; of 8 Private cases, one died. The three deaths represent a neo-natal mortality of 6 per cent. One baby between 1 lb. and 2 lb. died ; of 3 babies between 2 lb. and 3 lb., one died ; of 7 babies between 3 lb. and 4 lb., none died ; of 18 babies between 4 lb. and 5 lb., one died ; of 21 babies over 5 lb., none died.

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Cause of Premature Labour	Birth Injury (if any)	Method of Feeding	Weight on Discharge or Death lb. oz.	Day of Discharge or Death	Result	Remarks
1	W 75	37	3 11	F.	Unknown	...	E.B.M., later breast fed...	5 8	50	A.	
2	W 76	40	5 4	F.	Labour at term	...	Breast ...	5 6	13	A.	
3	W191	38	3 15	M.	Induction	...	Breast ...	5 1	30	A.	Pre-eclampsia.
4	W287	37	5 0	F.	Twins ...	...	Breast ...	5 0	12	A.	First twin.
5	W315	38	5 6	F.	Twins ...	...	Breast ...	5 4	17	A.	Second twin.
6	W347	37	5 8	M.	Induction	...	Breast ...	5 10	19	A.	Hypertension.
7	W370	27	5 8	F.	At term	...	Breast ...	5 10	12	A.	
8	W390	36	4 10	M.	C.S. ...	...	E.B.M., later breast fed	5 9	28	A.	Severe pre-eclampsia. Melaena neonatorum, transfused.
9	W394	35	4 6	F.	Twins ...	...	Breast ...	4 15	23	A.	First twin.
10			3 10	F.	Twins ...	...	E.B.M., later breast fed	5 0	23	A.	Second twin.
11	W427	36	4 10	M.	Induction	...	Mixed ...	5 6	29	A.	Pre-eclampsia.
12	W488	38	5 4	F.	Twins ...	...	Breast ...	5 6	15	A.	
13	W501	41	5 0	M.	At term	...	Breast ...	5 6½	12	A.	
14	M 16	39	5 4	F.	C.S. ...	...	Breast ...	5 10	27	A.	Always had small babies.
15	M 21	39	5 7	F.	Twin pregnancy	...	Breast ...	6 2	28	A.	
16			4 14	F.	Twin pregnancy	...	Breast ...	5 2	28	A.	
17	M 34	36	5 5	M.	Twin pregnancy	...	E.B.M. ...	5 9	33	A.	
18	M 44	36	5 2	F.	Twin pregnancy	...	Breast ...	5 5	14	A.	Neo-natal broncho-pneumonia.
19	M165	31	3 0	F.	Hydramnios ...	...	Breast ...	5 0	69	A.	
20	M205	39	5 3	M.	Unknown	...	Breast ...	6 1	25	A.	
21	M209	41	5 5	M.	A.R.M. ...	...	Breast ...	5 15	13	A.	Pre-eclampsia.
22	M262	38	5 0	F.	Unknown	...	Breast ...	5 2½	12	A.	2 weeks overdue, multiparous.
23	M277	34	3 13	F.	A.R.M. ...	...	Breast ...	5 6	40	A.	
24	M287	41	5 7	F.	A.P.H. ...	...	Breast ...	5 2½	14	A.	Pre-eclampsia.
25	M347	40	5 2	M.	Twin pregnancy	...	Breast ...	5 8	16	A.	Lateral placenta praevia.
26	M365	41	4 8	F.	Labour overdue	...	Artificial ...	4 13½	42	A.	Immature transferred.
27	M366	35	3 14	F.	A.R.M. ...	...	Breast ...	4 12	29	A.	Pre-eclampsia.
28	M369	34	4 3	F.	Unknown	...	Breast ...	4 13	28	A.	Rh. anti-bodies.
29	M488	38	5 5	F.	Unknown	...	Breast ...	5 13	31	A.	
30	M528	? 44	4 7	M.	Labour overdue	...	Breast ...	5 1	21	A.	
31	M572	24	1 3½	F.	Unknown	...	Breast ...	—	9 hrs.	D.	? Maternal pituitary deficiency.
32	M601	34	4 15	M.	Unknown	...	Breast ...	5 2	23	A.	Haematoocolpos 3 years previously.
33	M639	40	5 8	F.	Defective development	...	Expressed breast milk ...	5 9	15	A.	Multiple congenital deformities.
34	M710	33	3 12	F.	Unknown, habitual ...	...	Breast ...	5 8	38	A.	All previous three pregnancies miscarried.
35	M746	38	5 0	M.	Defective development of foetus	...	—	—	10 hrs.	D.	Congenital absence of kidneys.

PREMATURE LIVE INFANTS—continued

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Cause of Premature Labour	Birth Injury (if any)	Method of Feeding	Weight on Discharge or Death lb. oz.	Day of Discharge or Death	Result	Remarks
36	M793	34	5 2	M.	Twin pregnancy	...	Breast	5 3	16	A.	
37			2 11	M.	Twin pregnancy	...	Breast	5 5	63	A.	
38	M795	40	5 0	F.	Induction	...	Breast	5 3	12	A.	Unstable presentation, previous dystocia.
39	M798	34	4 7	M.	Hydramnios	...	Breast	5 5	29	A.	
40	M829	44	4 7	M.	Toxaemia	...	Breast	5 4½	30	A.	
NON-BOOKED											
41	W244	32	4 6	F.	Habitual prematurity	None	Mixed	5 2	42	A.	B.B.A., four previous premature labours.
42	M193	38	5 1	M.	Habitual prematurity	None	Mixed	5 0	52	A.	Two previous small babies.
PRIVATE											
43	W 85	36	4 10	F.	Twin	...	Mixed	4 15	18	A.	
44			5 7	F.	Twin	...	Mixed	5 12	18	A.	
45	W204	38	5 7	F.	Unknown	...	Breast	5 7	13	A.	
46	W332	43	5 4	M.	C.S.	...	Breast	6 1	24	A.	Pre-eclampsia.
47	W453	35	5 0	M.	Hypertension	...	Breast	5 3	14	A.	
48	M 22	38	5 8	F.	Twin pregnancy	...	Breast	6 1	17	A.	First twin, Caesarean Section.
49	M212	27	2 1	F.	Unknown, habitual	...	Breast	—	1	D.	Two previous babies premature.
50	M253	32	3 6	M.	A.R.M.	...	Breast	4 14½	60	A.	Pre-eclampsia.

TABLE 35
CONGENITAL MALFORMATIONS

22 Cases.												
Case No.	Reg. No.	Nature of Malformation						Birth Weight lb. oz.	Sex	Result	Intercurrent Maternal Diseases	Remarks
BOOKED												
1	W 56	Spina bifida	4 8	M.	M.	—	Hydramnios.
2	W144	Bilateral talipes	...	...	...	...	...	8 8	F.	A.	—
3	W253	Bilateral talipes	...	...	...	...	...	7 14	M.	A.	—
4	W269	Bilateral talipes	...	...	...	...	...	7 12	M.	A.	—
5	W549	Congenital heart disease	...	...	...	...	...	7 2	M.	A.	—
6	W554	Hypospadias and incomplete fusion of scrotum...	7 6	M.	A.	—	Intra-uterine death. Both previous babies stillborn. Mixed feeding. Hydramnios. Elderly primigravida. Medical treatment failed. Rammstedt operation at 46 days.
7	M218	Absence of urinary tract and adrenals	...	...	...	...	...	3 8	M.	S.B.	—
8	M307	Sublingual cyst	...	...	...	...	...	8 1	M.	A.	—
9	M456	Cleft palate	...	...	...	...	...	6 2	F.	A.	—
10	M467	Bilateral hare lip and cleft palate	...	...	...	...	...	5 13	M.	A.	—
11	M512	Pyloric stenosis	8 14	M.	A.	—	Premature baby.
12	M536	Congenital absence of interauricular septum, horseshoe kidney	...	...	...	...	...	5 6	F.	S.B.	—
13	M567	Volvulus of jejunum	...	...	...	...	...	7 11	F.	D.	—
14	M589	Bilateral talipes	...	...	...	...	...	7 14	F.	A.	—
15	M639	Absence of index, second and third fingers both hands; absence of left foot, and big toe of right foot; right talipes	...	...	...	...	...	5 8	F.	A.	—
16	M646	Cleft palate	8 1	M.	A.	—	Previous baby had congenital abnormalities and died.
17	M737	Hypospadias	...	...	...	...	...	5 3	M.	A.	—
18	M746	Absence of kidneys	...	...	...	...	...	5 0	M.	D.	—
NON-BOOKED												
19	W108	Absence of left half of diaphragm	7 0	M.	D.	—	Second twin.
20	W451	Hydrocephaly	...	...	...	...	...	5 10	F.	S.B.	—
21	M514	Turner's syndrome	...	...	...	...	...	5 12	M.	A.	—
PRIVATE												
22	M484	Syndactyly third and fourth fingers left hand	6 13	M.	A.	—	

TABLE 36
BIRTH TRAUMA

2 Cases.									
Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Type of Injury	Method of Delivery	Cause of Injury	Result	Remarks
BOOKED									
1	W231	42	7 5	F.	Cerebral irritation	Spontaneous	Rapid second stage	A.	Convulsions 24 hrs. after birth.
PRIVATE									
2	W547	42	6 2	M.	Cerebral irritation	Breech	—	A.	Head retraction.

TABLE 37
NEONATAL INFECTIONS

13 Cases.

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Type of Infection	Source of Infection	Predominant Causal Organism	Treatment	Result	Remarks
BOOKED										
1	W 43	41	8 5	M.	Breast abscess	—	Staph. aureus ...	Systemic penicillin ...	...	A.
2	W169	40	6 13	F.	R. dacryocystitis	—	Staph. aureus ...	Oral penicillin ...	...	A.
3	W427	36	4 10	M.	Skin sepsis ...	—	Staph. aureus ...	Oral penicillin ...	...	A.
4	M182	41	8 0	M.	Acute blepharitis	—	Staph. aureus ...	Penicillin locally and system-ically	...	A.
5	M357	40	7 3	M.	Skin sepsis ...	—	Staph. aureus, coagulase positive	Penicillin locally and system-ically	...	A.
6	M365	40	4 8	F.	Infective jaundice...	—	None isolated	Prolac ...	...	A.
7	M423	40	5 10	M.	Skin sepsis ...	Mother	Staph. aureus, penicillin resistant	I.M. streptomycin violet locally	gentian	A.
8	M479	40	10 0	M.	Broncho-pneumonia	—	None isolated	Penicillin, sulphatriad	...	A.
9	M586	40	8 4	M.	Skin sepsis ...	—	Staph. aureus, coagulase positive	Penicillin locally and system-ically	...	A.
10	M771	40	6 14	F.	Whitlow	—	—	Oral penicillin ...	...	A.
11	M811	39	8 11	M.	Enteritis	—	—	Penicillin, cremomerazone	...	A.
12	M824	36	6 9	M.	Enteritis	—	No pathogens grown	Penicillin, sulphathiazole	...	A.
13	M826	40	6 7	F.	Boil on neck	—	Staph. aureus ...	Oral penicillin ...	...	A.

TABLE 38

OTHER NEONATAL DISEASES

2 Cases.

Case No.	Reg. No.	Matu- rity	Birth Weight lb. oz.	Sex	Type of Disease	Maternal Complication	Method of Delivery	Treatment	Result	Remarks
BOOKED										
1	M702	36	6 2	M.	Pyloric spasm ...	—	R.S.A. Spont.	Laparotomy, eumydrin	A.	Second twin.
PRIVATE										
2	M117	39	6 0	M.	Erythroblastosis, haemo- globin 40% at birth, Coombs test positive	Rh. antibodies, 1:8	Forceps ...	Replacement, transfusion	A.	Two transfusions given. Mother primi- gravida was transfused seven years pre- viously after tonsillectomy.

POST-NATAL SUPERVISION

It will be seen from the numerical summary of cases on page 15 that numbers of patients were treated during the lying-in period for abnormal conditions which necessitated a prolongation of their stay in Hospital. Every Booked patient, on discharge from Hospital, was given an appointment for attendance at the Post-natal Clinic. The proportion of mothers who attended for examination six weeks after delivery was 78 per cent.

Number of sessions held	...	...	52
Number of patients attending	...	...	1,006
Total attendances	...	...	1,232

All cases treated to their termination during the year were classified into the following groups :—

RESULT I : Health unimpaired as a result of recent confinement (i.e. no symptoms and no anatomical or functional disability).

RESULT II : Health slightly impaired as a result of recent confinement (i.e. no symptoms or disability, but anatomical damage, likely to lead to disability in the future, particularly if increased by further pregnancies. This group includes cases impaired by previous confinements, and further damaged by the recent confinements so as to make the total impairment due to all previous confinements equal to that described in Result III).

RESULT III : Health seriously impaired as a result of recent confinement (i.e. symptoms or disability present due to trauma, infection, etc., or damage to vital organs as in chronic nephritis).

Result I	...	...	...	...	96.6%
Result II	...	...	...	...	3.2%
Result III	...	...	...	...	0.2%

BACTERIOLOGY AND PATHOLOGY

Throughout the year certain haematological and bacteriological investigations were done for every patient who attended the ante-natal clinic or who was admitted to the maternity wards without previous ante-natal care. The blood tests comprised Wasserman Reaction, Kahn test, estimation of the haemoglobin, ABO grouping, and the examination of the red cells for the Rhesus factor and the serum for Rhesus antibodies. The following numbers give an indication of the volume of this work :—

Blood grouping and testing for Rh. factor	...	...	1,541
Wasserman Reaction and Kahn Test	...	...	1,609

All expectant mothers whose red blood corpuscles were Rhesus negative were tested for Rhesus antibodies when pregnancy reached 32 weeks and again at 36 weeks. When antibodies were discovered, frequent tests were done, and we received assistance from the National Blood Transfusion Laboratory at Sutton and the Lewisham Group Laboratory. We are grateful to the laboratories both for their help and for supplying Rhesus testing sera.

All patients admitted to the Maternity Department were bacteriologically investigated to find out when haemolytic streptococci and other pathogenic bacteria were being brought into the hospital. A swab of the throat, one from the nose, and a third from the vagina were taken from each patient. The staff, too, medical, nursing and domestic, had their noses and throats bacteriologically investigated every fortnight. The total number of swabs examined during the year was 7,076.

Apart from these systematic investigations designed to protect the patients from infection, the medical staff were given prompt service in the numerous pathological investigations for which they asked.

During the year 21 autopsies were carried out on foetuses and new-born babies. Many of these had died in utero, and were macerated, so that only a restricted examination could be made. There were three interesting congenital abnormalities. In one the left crus of the diaphragm was absent, and the stomach and intestines were found in the left pleural cavity, and in two cases the adrenals and the whole of the genito-urinary apparatus were absent.

JOHN KEALL,
Pathologist.

